fineral 1 and 2 death.

by the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death.

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

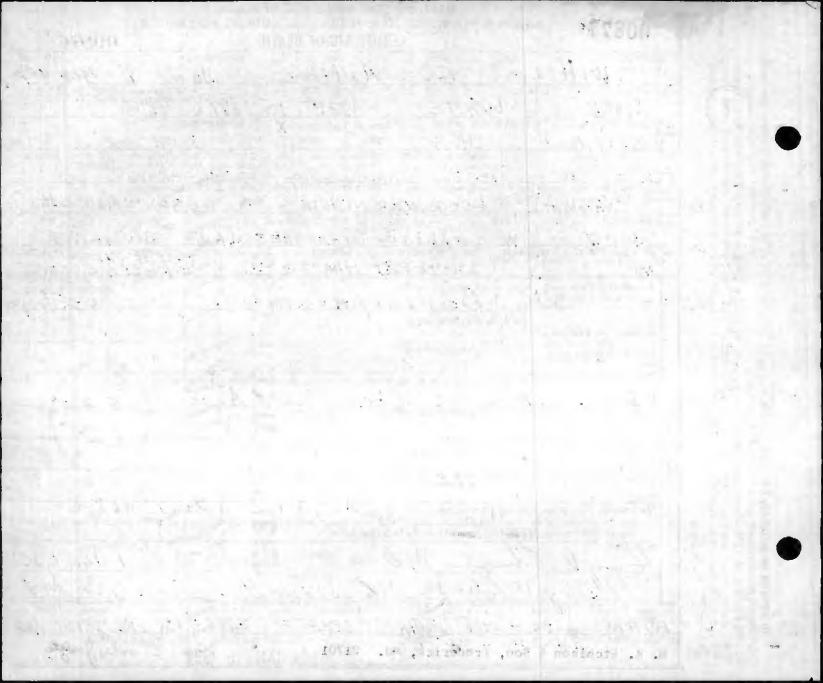
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Ŧ		CERTIFICATE OF DEATH	00876										
ħ		CEASED-NAME First Middle Lost 2o. DATE OF DEATH	Vone	2b. HOUR									
	(1)	William G. Axline Jan.	1968	430 pm									
3	. SE)	MALE 4. RACE SEPT. 15. 1891 6. AGE (In years lost birthdoy) YES.		UNDER 24 HRS. OURS MIN.									
	o. B	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH											
L	1	TIRGINIA USA WIDOWED DIVORCED FIREDE	BICK	Md.									
2	F	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 14. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 15. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b, KIND OF BU INDUSTRY	SINESS OR									
		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. STATE 12D 14D 15D 15D 15D 15D 15D 15D 15D 15D 15D 15	DANTE	41									
1		VINGINIA LOUDOUN LOVEITSVILLE RORAL	ROUTE	-									
ě	4. h	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle		Lost									
ŀ	60	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	MAKE	5 7									
	Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? as, ng, or unknown) (If yes give war or dates at service) 231-46-9394 HARRY NEWTON 824-6-7	RICK	WID.									
		18. CAUSE OF DEATH (Enter only one couse per line ser (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:	BETWEEN ONSE										
I		IMMEDIATE CAUSE (a) Dronchopheumonia	4-5	days									
ı	1	Conditions, if ony, which gove											
1		rise to immediate couse (a).											
ı	-	stoting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF											
ı	-												
ı	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 1) Diabetes Mellitus 2/beneralized Arterioscl.	evosi	2									
1	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?											
ı	_	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, II	em 18.)										
1	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) P.M. 19		9111									
ı		21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County	Stote									
I		220. I certify that (1) (this hospital) attended the deceased fram 449, 1967, to 417, 19	by, that () (we) last									
I		saw the deceased alive on 10 h 1968, and that in (my) (our) opinion death occurred on the dat causes stated abave, (I) (we) (did) (did not) view the body after death.	e and nour on	d from the									
1			ATE SIGNED	10									
1		Henry V. Mase / / DEGREE PHYS. DIRECTOR I PHYS. I	Jan	68									
	W.	22d. PHYSICIAN'S) NAME (Uppgenry V. Chase MD, 8047d/ House Freder	rck1	Nd									
	230.	BURIAL CREMATION, 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) SAN 4 1968 MT OLAVET CEMETER 9 FREDERICK FRE	(County)	(Stote)									
3			EDERICIT	MD.									
1		FUNERAL DIRECTOR (Thomas & Son, Frederick, Md. 21701	les Judg	2									

DATELAN

1968

to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers, Pages Abauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours of VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 00873 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.0877 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE OF DEATH deoth (Type or print) 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH last birthday) MONTHS 61) hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED DEVER MARRIED country) WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) Faren Houd MITS? 13e. STREET AND NUMBER MAN TENCIO 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? NO Z 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) (If yes give war or dates at service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Sminule Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours. oon popers. within 72 ho physicion and completely filled in en please remove carbon papers. event, signed by the ottending physicion and co burial-transit permit. Then please remo burial, cremation, or removal, and in any by the hospital or attending physician. be detached for use as the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate hos been (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Not while of work of work 22a. I certify that (1) (this haspital) attended the deceased from 12th tas saw the deceased alive an 18 1825, and that in (my) (aur) apinian death accurred an the date and haur and fram the O HOSPITAL OR ATTENE Page 4 may be retained director, page 3 should Should be filed with the causes stated abave, (1) (we) (did nat) view the bady after death. 22b. SIGNATURE 22a DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S & GNATURE Villeyelly 3 196B 30M REV 1/6

after death

puo

(Stote)

Stote

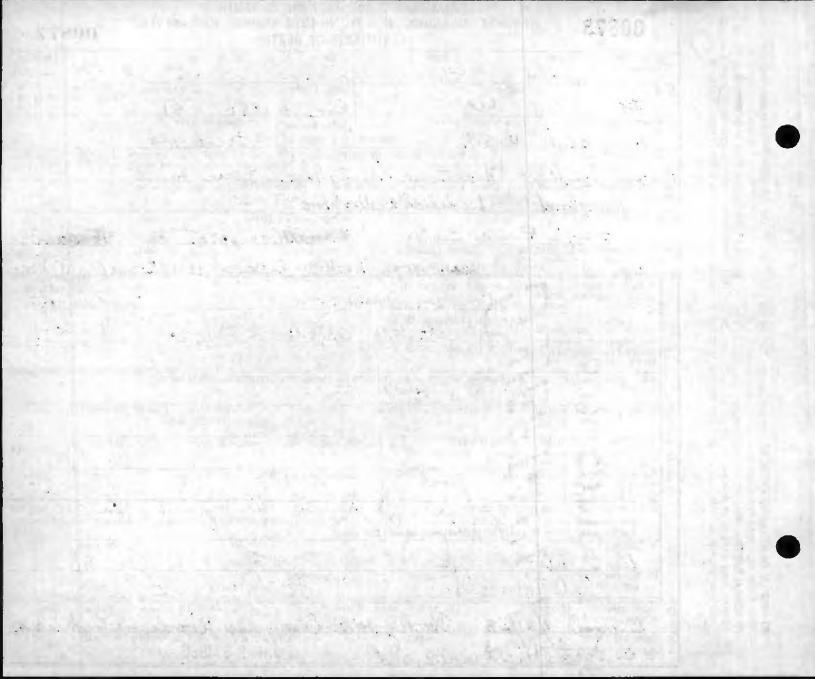
County

(County)

2b. HOUR

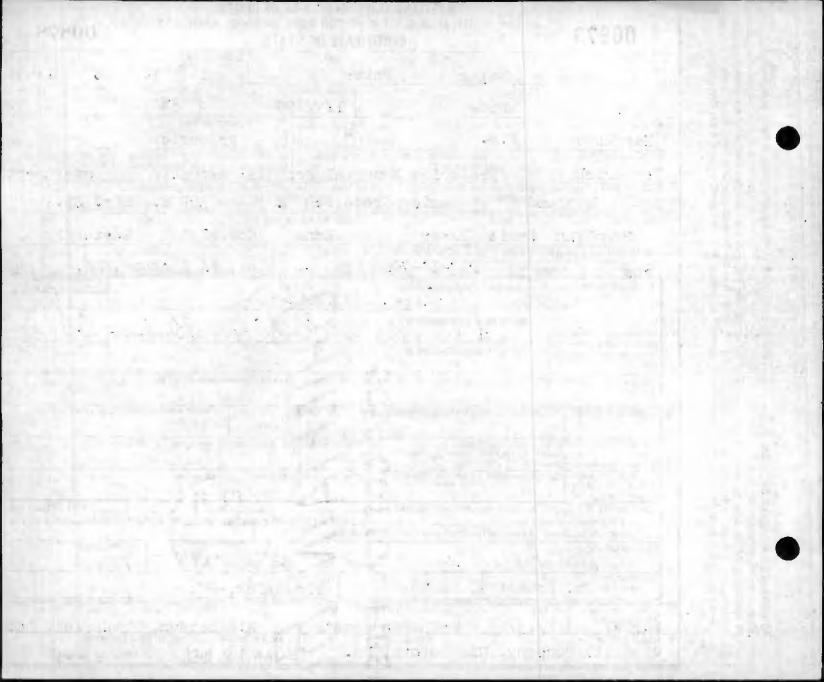
IF UNDER 24 HRS

HOURS



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	- 1		00879			(ERTIFICA	TE OF DEATH			0.0	878
death.			EASED-NAME pe or print) Ralp	First h	Edga	Middle	Bake:	Lost	20. DATE OF	Month 10 Doy	68 ^{Yeo}	2b. HOUR
an, or removal, and in any event, within 72 haurs after death		3. SEX			4. RACE white			1/3/1904		6. AGE (In years last birthday)	IF UNDER I YEAR MONTHS DAYS	
/ג חמחו		7o. Bl caunt	Maryland	n 7b.	U.S.	COUNTRY?	8. MARRIED :	NEVER MARRIED DIVORCED	9. COUNTY OF	DEATH erick		Md
4		O. CI	y or town of DEATH Prederick		11. NAM give stre	E OF HOSPITAL OR INS ect oddress) ed erick	Memor:	in hospital 12a. US during SDI	mast occupation most of working	(Kind of work done life, even if retired.)	INDUSTRY	of Business or ernment
	10	i3o. l odmis	SUAL RESIDENCE (Where ion) STATE Mary	deceosed l	lived, if institution	: Residence before	13c. CITY OR 1	OWN 13d. INSIDE CIT	Y UMITS? 13e. STI	REET AND NUMBER 300 E. Th	ird S	t.
	1	14. FA	THER'S NAME First Frankli	n I	Middle Lewis	Baker		Mother's maiden name	First Cordel		laster	lost day
		16o. Ye	VAS DECEASED EVER IN U. s, no, or unknown) (If) Yes	S. ARMED to give wer or	2	66. SOCIAL SECURITY I 213–12–7		ormant aul E. Bal	ker, Mi	Address ddletown		
			8. CAUSE OF DEATH (Er PART I. DEATH WAS	nter only o CAUSED BY WMEDIATE	1:	ton (0), (b) fund (c).	al e	rubalis	un		BETWEEN	CONSET/AND DEATH
			Conditions, if any, which		DUE TO, OR AS	A CONSEQUENCE OF	Catro	Selearke) work	ula disco	ca 6	les.
			stating the underlying ost.	ouse	(c)	A CONSEQUENCE OF						
			PART 2. OTHER SIGNIFICA				173					
	X	MFIC	90. DATE OF OPERATION			1 OPERATION WAS PE		20a. AUTOPSY? YES NO	CAUSES	YES, WERE FINDINGS OF DEATH?		CERTIFYING
		DICAL	No. ACCIDENT WAS UND ☐ OR CONTRIBUTING ☐ CAUSE If either, notify medical	OF DEATH exominer)	P.M.	Month Day Year	,	W INJURY OCCURRED (Er			Item 18.)	
			21d. INJURY OCCURRED While Not while I If work ot wark					ATION Street or R.F.D.		or Town	County	State
			22a. I certify that (saw the decea causes stated o	l) (this l sed alive above, (l	haspital) atten e an l) (we)(did)(d	ded the decease lid nat) view the	ed fram 9, and bady after d	that in (my) (aur) o eath.	, ta pinian death c	, 19 accurred on the do	, the ate and hav	at (I) (we) las r and fram the
	1		22b. SIGNATURE	til	Huy	hus	DEGRE	ATTENDING PHYS.	MED. DIRECTOR	CTAFF	DATE SIGNED 10/68	
an pinons	^		NAME (Type) Dr.	. Ro	bert \$				ick, Md			
1	V	1	BURIAL, CREMATION, REMOVAL (Specify)	23b. DAT	1.3/68		an Ce	netery		town F1	(County)	(Stote) ck, Md
4	10		UNERAL DIRECTOR	Comp	anv. Mi	ADDRESS				256. REGISTRAKS		. Day Ber .



008800 0.08'79 CERTIFICATE OF DEATH Middle Last 2o. DATE OF DEATH 1. DECEASED-NAME First 2b. HOHR (Type or print) David January Month 26 Doy 196 Per George Bitzer 3:10p M S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR White lost birthdoy) Male November 13, 1901 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED Country) Maryland U.S.A. Frederick. DIVORCED IX WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street adders N. Market St. during most of working life, even if retired.)
Ret. Businessman Frederick Vending Mach 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Frederick Frederick YES 😿 1412 N. Market St. 14. FATHER'S NAME First Lost IS. MOTHER'S MAIDEN NAME First Ralph Bitzer Annie Fout 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Fred. Yes na, or unknown) 214-28-7445 Mr. Robert E. Poleto 1412 N. Market St. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Merioschentes heart dearse - austo majorcarchial enfareten DUE TO, OR AS A CONSEQUENCE OF Canditians, if only, which gave rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES [NO 🗔 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote While Not while of work causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED.
DIRECTOR M. D DEGREE 1-26-1968 22e, ADDRESS 22d PHYSICIAN'S Dr. Rex R. Martin M.D. NAME (Type) 220 N. Market St. Frederick. Md.

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Mount Olivet Cemetery

Frederick, Maryland DATE AN 30 1968

23d. LOCATION (City or Town)

ry Frederick Maryland
25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Cliante Indas

O FUNERAL DIRECTOR: After director, page 3 shauld be filed v VR A15 (4) 30M REV. 1/68

23b. DATE

1-29-1968

Dailey & Son

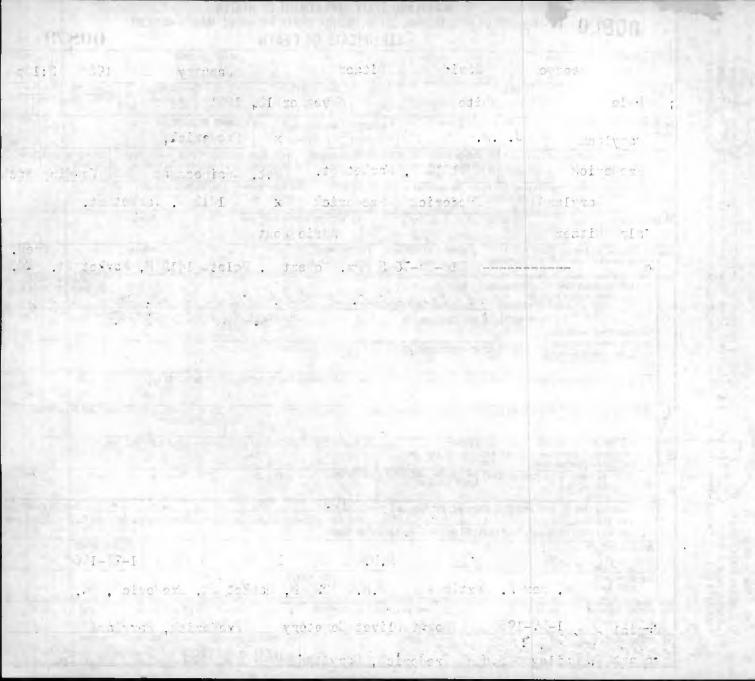
23o. BURIAL CREMATION. Burial (Specify)

24. SHINERAL PIRECTOR

Hobert E.

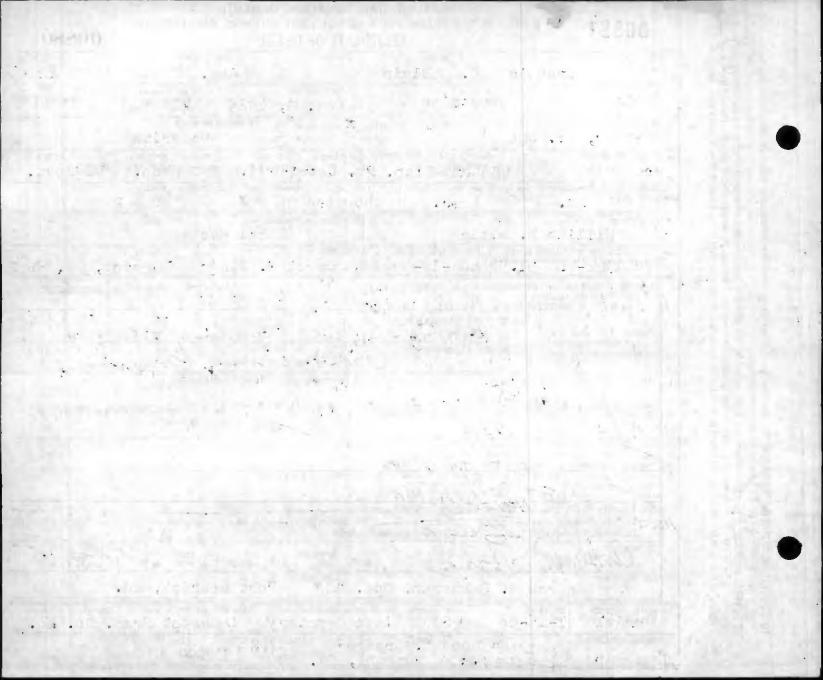
requires that the death certificate be executed within 24 haurs

signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00881 00880 CERTIFICATE OF DEATH 20. DATE OF DEATH Middle Inst 2b. HOUR A DECEASED-NAME First (Type or print) Month Baair Jan. Francis 8:00 M 4 RACE IF UNDER 1 YEAR 3. SEX S. DATE OF BIRTH 6. AGE (In years requires that the deoth certificate be executed within 24 hours after pst-birthday) Male Caucasian Oct. 3, 1925 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MINEVER MARRIED 9. COUNTY OF DEATH country) Mater, Ky. USA Frederick WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 1), NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done Ft. Detritiment of working the exercice tied.) Frederick in any event, 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Fred. Thurm ont Md. 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle William H. Blair Ethel Mae and 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 104-18-5989 Margaret N. Blair Thurmont, Md. RD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave) buriol-tronsit rise to immediate cause (o), DUE TO. OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS MONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a, DATE OF OPERATION CAUSES OF DEATH? NO T YES 1 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 0755M JON 12 1968 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While NoT while at wark 220. I certify that (I) (this happing attended the deceased fram _, and that in (my) (our) opinian death occurred on the date and hour and from the Sow the deceased alive oncauses stoted above, (1) (we), (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR DEGREE 22e. ADDRESS Schwartz, Cpt. Fort Detrick, Md. NAME (Type) Andrew 23a. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23b. DATE 1-15-68 23c. NAME OF CEMETERY OR CREMATORY (County) Blue Ridge Cemetery Thurmont Bred. Co. Md. 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE ADORESS Creager Raymond

Thurmont. Md

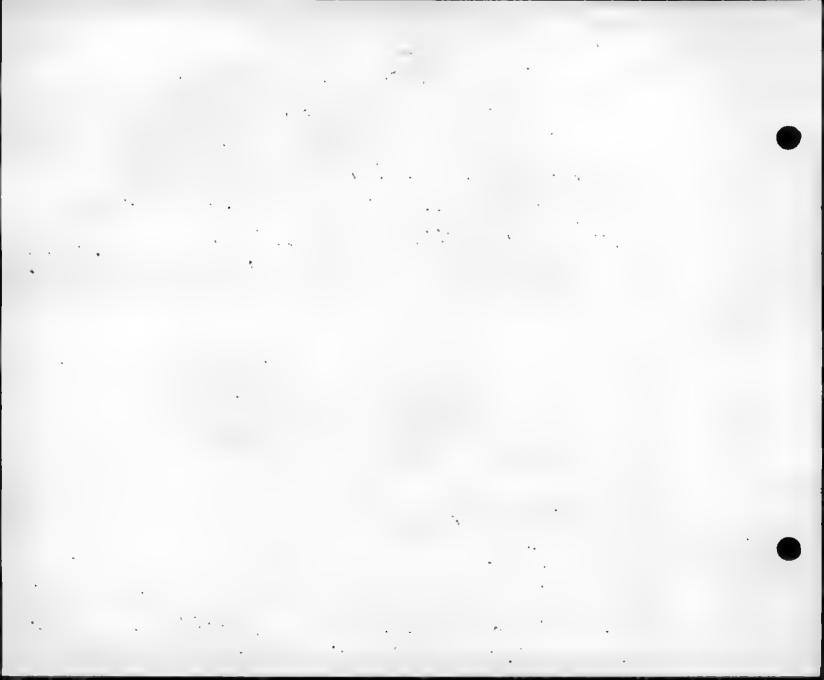


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06882 00881 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR, (Type or print) Michael - Le Rov Bradshaw 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR DAYS Male White April 12, 1915 requims that the death certificate be executed within 24 hous 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED . NEVER MARRIED (duntity) physician and completely filled in Frederick Michigan U.S.A. DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Emitsburg 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? edmission) STATE Laryland 136 COUNTY Frederick Dimitsburg YES-NO West Main 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Last Austin Herbert Bradshaw 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one couse per hate for (a), (b), and (c).) Yes, na, ar unknawn) Mrs. Anna Bradshaw. W. Main. PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) MAISGNAULT Conditions, if any, which gave) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the this certificate has been 4. d 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. CityLor Town County State While Nat while of work D FUNERAL DIRECTOR: After _. 10 Thei 220. I certify that (!) (this haspital) intended the deceased from 1600 1965, and that in (my) (our) opinion death occurred on the date and haur and from the saw the deceased olive an_ causes stated abave, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED DEGREE PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS-NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) bunitshurg. rederick Co. Md. View Cometery 2Sb. REGISTRAR'S SIGNATURI 2So. REC'D BY REGISTRAR 30M REV, 1/68 Emmitsburg.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00882 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a, DATE OF DEATH requires that the death certificate be executed within 24 hours after death. (Type or print) FREDERICK 8:50P AGE (In Vegrs IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Wysiciam and campletely filled in (ountry) DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OF give street oddress) INDUSTRY remave carban 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before Tac. CITY OR TOWN 3d. MSIDE CTY LIMITS? 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, go, or unknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) burial-transit rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last, 🧀 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) dever arteresoleratio andia voscular direase 190. DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗌 this certificate 27a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f. LOCATION Street or R F.D. No. City or Town County Stote While Not while at work O FUNERAL DIRECTOR: After _19 66, and that in (my) (our) opinion death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did net) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED director, page 3 DIRECTOR PHYSICIAN S ETTBARN NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a. BJRIAL, CREMAT.ON, 23b DATE 23d LOCATION (City or Town) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 25g, REC'D BY REGISTRAR

30M REV



please execute the certificate, FUNERAL DIRECTOR: Page p CHIEF MEDICAL FXAMINER ACTUAL ASS STANT MEDICAL EXAMINER SIGNATURE TOLL HOUSE AVENUE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health MATHOMAS 21MOD. NAME (Type) ADDRESS(Street, city, town, or county) 0 40 230 BUR AL CREMAT ON. 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Burial (Specify) Jan. 6-1968 Mt. Olivet Cemetery Frederick- Md. 21701 24. FUNERAL DIRECTOR 25a REC D BY REGISTRAR M.R. Etchison & Son-Frederick, Md. 21701

226, DATE SIGNED

1968

25b PEGISTRAR S SIGNALIR Markey

(County)

00883

1968

12b KIND OF BUSINESS OR

last

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

20 AUTOPSY?

YES 🗀

NO X

State

and in my opinion

(State)

Soper

INDUSTRY

2b HOUR

2d. HOUR

VR ATSMELL 10M REV. TAGE

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1.,

OFUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detoched for use os the burnal-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after deapth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after,

Page 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00884

	CEASED NAME First ype or print)		M.ddle		Lost		20. DATE OF	DEATH Month Doy	Vacr	2b 1	HOUR
()	Ella		Μ.	Bux	cton		Ja	inuary 2	1968	1:	30 ⁴ M°
3. SE	X	4. RACE			S. DATE OF B	RTH		6 AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS
	Female	White	e		Apr:	11 7, 1	1893	74 YRS.	MONTHS DRVS	HUUKS	SILPL.
70 E	SRTHPLACE (State or foreign	76 CITIZEN OF WHAT C	OUNTRY?	B. MARRIE	D 🔲 NEVER MAR	RIED	9 COUNTY OF	DEATH			
LOU	Maryland	U.S.A	Α.	WIDOWE	Divo	RCED 🔲		Frederick			Md
10 0	ITY OR TOWN OF DEATH		OF HOSPITAL OR INS	TITUTION (I	f not in hospital			(Kind of work done	125 KIND OF INDUSTRY	BUSINESS	OR
	Frederick	give street	ederick	Nurs	Center		usewii	ife, even if retired)	INDUSTRI		
130.	USUAL RESIDENCE (Where deceos			13c. CITY	OR TOWN	13d. INSIDE CITY LIN	AITS? 13e STR	EET AND NUMBER			
odini	ssion) STATE Maryland	13b COUNTY Montgo	omery V	Mt.	Airy	YES NO	k RF	D # 3			
14	ATHER'S NAME First	Middle	Lost		1S. MOTHER'S M	AIDEN NAME FI	rst	Middle		Lost	
	Ephria	m I	Brown				Sarah		Poole	à.	
	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b.	SOCIAL SECURITY N	10.	7 INFORMANT			Address			
	es, no, or unknown) (If yes give w	210	9-34-447	עוני	Rosco	oe F. H	Buxton,	Damascu	is. Md.		
	IB. CAUSE OF DEATH (Enter on	ly one couse per time to	r (o), (b) and (c).)				I	axcular	APPROX BETWEEN C	MATE INTERV	/AL EATH
	PART 1 DEATH WAS CAUSED				ular Di:	sease,	Recutte	nt/Accide	nt		
	7379	DUE TO, OR AS A	CONSEQUENCE OF								
	Conditions, if only, which gave										
	nse to immediate cause (o), (stating the underlying cause)	DUE TO, OR AS A	CONSEQUENCE OF								
	Nost.	(c)G	deneralia	zed A	rterios	clerosi	5				
	PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED	TO THE TERMINA	L DISEASE OR CO	ONDITION GIVEN	I IN PART 1(o)			
NO	Chronic Urina	ary Infecti	ion; Rece	ent V	iral in	fection []	•				
AT 0											,
CERT FICAT					YES [NO 🔲	EAUSES	OF DEATH?			
	210 ACCIDENT WAS UNDERLYIN			2 1c	HOW INJURY OF	CURRED (Enter	noture of injur	y in Port 1 or Port 2,	Item 18.)		
O CAL	OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examil		onth Doy Yeor								
WED	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT H	IOME, FARM, STREET, FAC	TORY.) 21f	LOCATION Street	et or R.F.D No.	Eity	or Town	County	5:	tote
	While Not while at work of work	\ Orric	CE BOILDING, ETC								
	22a. I certify that (I) (the sow the deceased o	s haspital),attende	ed the decease	d_from_	1965	, 19	, tol./2	.5 , 19.	<u>68</u> , that	(1) (90	at lost
	sow the deceased o	live on 1/25/		9 <u>68</u> , c	and that in (m	ıy) (azı r) apır	nion de <mark>oth</mark> o	ccurred on the do	ite and haur	and fro	m the
	causes stoted above), (1) (me) (ala) (dia	got) view the	body atte	er death.			20-	DATE FIGHER		
	22b. SIGNATURE	ne		DI	GREE PHYS	NG 📈 MI	ED.	STAFF	DATE SIGNED	16	7
	22d PHYSICIAN'S	,		-	1 1114	DECE	RECTOR L	PHYS,	1/20	/ 0	
	NAME (Type) Gilc:	in F. Meado	ors, M.D.		22e ADI	[0] To.11.	House	Ave. Bred	erick,	Md.	D.
230	BURIAL, CREMATION, 23b	DATE	23c NAME OF	CEMETERY	DR CREMATORY		23d. 10CATIO	N (City or Town)	(County)	(Stote	1
230.	A No	n.27,1968			y Meth.		1	ttsville	, ,,	(21010	,
24	FUNERAL DIRECTOR		ADDRESS			2So. REC'D BY		2Sb REGISTRAR S	·		
	Olin L. Mol	esworth, 1	Damascus	, Mo		DATE JA!	129 1	ers one	mia la	cof gra	b



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00885

	CEASED-NAME Firs	t	Middle		Lost		2a.	DATE OF DEATH	V	2b.	HOUR
()	ROGEI	R	W.		CANN			Jan. 5	° 1968	$\{ Z ^2$	55 P. N
3. SE		4 RACE			S. DATE OF B			6 AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	R 24 HRS
	Male	W.	nite		March 26, 1902 69 birthdoy)			YRS DIFINITION YRS		MODES	MIN.
70 E	BIRTHPLACE (State or fareign	7b. CITIZEN OF WH		8. MARRIS	D E NEVER MAI	RR ED 🗌		INTY OF DEATH		-	
	Boston		5.A.	WIDOWE	WIDOWED DIVORCED			Frederick			Md
10 C	ITY OR TOWN OF DEATH	11 NA	ME OF HOSPITAL OR INS	TITUTION (I	f not in hospital			JPATION (Kind of work dane		12b KIND OF BUSINESS OR	
	Frederick							working life, even if retired.)	Execu	ttive	8
13o. admi	USUAL RESIDENCE (Where dece	osed lived, if instituti 13h. COUNTY -	on: Residence before		OR TOWN	36. INSIDE CITY LI		13e STREET AND NUMBER			
	ssiop) STATE	13b. COUNTY Frede		Fred	derick	- SK		Parkview Apt	•		
14. F	FATHER S NAME First	Middle	Lost		15. MOTHER'S M	_		Middle	U-7	Lost	
	Newton	Le	Cann				a		nau	Ley	
16o. Y	WAS DECEASED EVER IN U.S. Al	RWED FORCES?	16b. SOCIAL SECURITY I		7 INFORMANT		13	Address		. 11	,
	Yes W	war or dates of service)	204 07 11	.57 N	irs. Edi	th Can	n, r	arkview Apt.F		MATE INTER	
	IB. CAUSE OF DEATH (Enter of	TO DAY			a 1 1	1.0	ti⊢	* 41		AUSET AND C	
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cizolinia - due Shaek (traeterul)										ra
	21		CONSEQUENCE OF	4						D	
	Canditions, if ony, which gove rise to immediate cause (o)		Karilon	Ju	1				721	call	L
	stating the underlying cause	DUE TO, OR A	A CONSEQUENCE OF	0 1	·	· 1.		- 1.1.	ļ		
	last.	(1)	malure		morpi	Cullar	u o	7 Colon			
	PART 2. OTHER SIGNIFICANT CO		ING TOJDEATH BUT N	OT RELATED	TO THE TERMINA	il disease or c	ONDITI	ON GIVEN IN PART 1(a)			
8	Mille	elonep	uriti								
CERTIFICATION			CH OPERATION WAS PE	20o. AUTOPSY?			20b. IF YES, WERE FINDINGS CONSIDERED I CAUSES OF DEATH?			G	
ERTIF		erit, + Cut		Kulk	1						
	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING TO CAUSE OF DE		Month Day Year	21c.	HOW INJURY OC	CURRED (Enter	r noture	e of injury in Port 1 or Port 2	, Item IB.)		
MEDICAL	(If either, notify medical exam		15								
~	21d INJURY OCCURRED 21 While Not while 1	e. PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	10kt.) 21t.	LOCATION Stre	et or R.F.D. No.		City or Town	County	2	Stote
	of work at wark	11 1 1 1 1			70 Tine	107	7	A- 4-01 A	0 / C2 - d	405 4	<u> </u>
	22a. I certify that (i) (i	his haspitall atte	nded the decease	ed_from_	and that in Im	, 19 <u>@</u>		ta_5 da, 1'death acturred an the d	9 <u>48</u> , that	(I) (W	/e) las
	causes stated abay	ve) (we) (did)	did not) view the	bady afte	er death.	iy) (abi) abi	illiuli v	seam accorred an me o	iale alla liaut	unu ne	2111 111
	225 SIGNATURE . /	10.0.	1			un de	150		DATE SIGNED		
	Charles X	Coully.	, to 14.	O. DE	EGREE PHYS.		NED. Hrectoi	R PHYS 6	Jan. 19	68.	
	22d. PHYSICIAN'S	7			22e AD!		1 I.		()		
	NAME (Type) Cha	ries H. C	onley, Jr.			N. Mar		Street,Frede	rick, M	10	
230.	DEMONIAL (Considera	, DATE	23c. NAME OF					LOCATION (City or Town)	(County)	(State	e)
		1968			dywine C			Centerville,		3	
24		Irusla	ADDRESS	12	delly	25o. REC D B	Y REGI	STRAR 25b. REG.STRAR	'S SIGNATURE	1.00	4
	M. R. Etch	igan & Sa	a limedend	OK. A	Same fames	ALTERIA	V	J IMPH ZOOG	THE BY LAC	40.00	r r

VR A15 (4) 30M REV, 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tunital director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Rages I should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after defit

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to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages—and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PRYMEMM: The law maunes that the duath certificate by executed within 21 hours after Page 4 mmy be retained by the hospital or ottending physician

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERT	FICATE	Ot D	FAIH
	~	4 . P	

00886

نے لاک		CEASED-NAME	First	•	Middle		Last		2a. DATE OF			2b. HOUR
er deoth	(1	ype or print)	Hal	Llie	Walker		Cart	У	Jan.	Wanth 24 D	1968 ⁶⁰¹	7p. M
	3. SE	X		4 RACE			S DATE OF B	IRTH		6. AGE (to years	IF UNDER 1 YEAR	1F JNDER 24 HRS HOURS MIN
a g		Female		White	•		Sept.	21-187	75	lost birthday)	MONTHS ONYS	HOURS WIN
Page vons after		BIRTHPLACE (State or fo	reign	76. CITIZEN OF WH	IAT COUNTRY?	8. MARRIEL	NEVER MAI		9. COUNTY OF	DEATH		
2 h	cour	ntry] Md.		U.S.A		WIDOWE		RCED	Frede	rick		bM
g or i	10. 0	ITY OR TOWN OF DEAT		11 N/	ME OF HOSPITAL OR INS	TITUTION (IF	not in haspital	120 USUA		(Kind of work don		BUSINESS OR
with	10	Frederick		give	rederick					life, even if retired) INDUSTRY	
compressy mag in tove carbon popers, iy event, within 72 h		usual residence (who		13b. COUNTY	Frederick	Frede		YES NO		reet and number 7 Rockwel	l Terrac	0
by me arrenang pnysition and completely lined in by increasity permit. Then please remove carbon papers. Pactremotion, or removal, and in any event, within 72 hours	14		st MCS	Middle	Walke:		IS. MOTHER'S M		rst kell.	Middle		Lost
and	160.	WAS DECEASED EVER		ED FORCES?	16b. SOCIAL SECURITY I		INFORMANT			Address	Frederic	k. Wd.
val,		'es na arunknawn) No	(in your give in		220-44-59	255 .	J. Walk	er Cart	y-217	Rockwell	<u> rerrace=</u>	
enaing priy nit. Then or remova		18. CAUSE OF DEATH	(Enter onl	y ane cause per lir	ne far (a), (b), and (c).	0	/		1.	n		MATE INTERVAL NSET AND DEATH
. E . E		PART I. DEATH W		TE CAUSE (a)	worker	e-	e h	cost	fail	une	2-	3 day
on, on,		Tid. T		DUE TO, OR A	S A CONSECUENCE OF				0	0		
e it e		Conditions, if any, wh		(b)	Litera	-le	retire	Hen	It a	lisean	4-	5 m
oy me an ransit pen cremotion,	L	rise to immediate co stating the underlying			S A CONSEQUENCE OF						, ,	
n II 🕟 🐪		lost	<u> </u>	(c)								
signed by the attental buriol-transit permit. buriol, cremotion, or re		PART 2 OTHER SIGNII	ICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED	TO THE TERMINA	AL DISEASE OR C	ONDITION GIVE	N IN PART 1(o)		
	Z	4.00										
as the	CATION	190. DATE OF OPERATIO	N 19b. (ONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20o. AUT	OPSY?		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING
se c th	CERTIFIC						YES					
icore nos been for use as the Health prior to		21a. ACCIDENT WAS I				21c.	HOW INJURY OC	CURRED (Enter	noture of inju	ry in Part 1 ar Part :	2, Item 18.)	
=	DICK	OR CONTRIBUTING C	cal exomir	er) P.M.	Manth Day Year							
iter this cert be defached Stote Dept. o	ME	21d. INJURY OCCURRE While Nat white	D 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC	TORY.) 21f	LOCATION Stre	et ar R.F.D. Na.	City	or Town	County	State
de de	П	of work of work "	_	- h:+-1\ -0.	and all all and an arrange	- J f	1 ash 2	2 10 /	66100	1.16	10/ Com that	/1) /ww/ look
k: Affer I	П	saw the der	ini) (i) ii eased al	s naspiiai) and	ended the decease	9 68 a	nd that in th	(aur) api	nian deata	accurred on the	date and hour	and from the
# 를 를	L	causes state	d abave	(I) (we) (did)	(did nat) view the	bady afte	r death.	(av.) ap.		31101100 011 1110		
S SHOOT	L	22b. SIGNATURE		1//	//		ATTEND	MC M	ED _	STAFE 27	C DATE SIGNED	
35	П	Ler	my	00	hose	DE	GREE PHYS	ING E M	IED IRECTOR	STAFF D J	an. 25-19	968
FUNERAL DIS rector, poge hould be filed		22d. PHYSICIAN S	n_/	II II Obee			22e. AD	DRESS		-1 1		01.80
0 P		NAME (Type)	DD.	H.V.Chas	e		004	TOTT H		veFrede	rick, Md	•ST\0T
director, should be	230	BUR AL CREMATION,	23b. (DATE	23c NAME OF	CEMETERY C	R CREMATORY			ON (City or Town)	(County)	(State)
5 # # X		REMOVAL (Specify) Burial	Jan	. 27-196	8 Mt. Oli					erick, Md		
VR A15 (4)	24	FUNERAL DIRECTOR M.R.Etch	lus	ad 7.	ADDRESS	Whil	21701	2So. REC'D B	Y REGISTRAR	2Sb. REGISTRA	RS SIGNATURE	dalla
30M REV, 1/68 🜙	1	MaRaBuch	TOOU	or DOIL	Frederic	MC و کار	TORTIOH	DATEUMIN	29 1	NOD A	my Done	



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Posterial of the bound be filed with the State Dept. at Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00887

					4-1211114	WIP AI	PERIII				
	ECEASED NAME	First		Middle		Lost			F OF DEATH	6. V	2b. HOUR
	ype or print)	Marg	aret	Elsie	Cas	tle		J	an. Month 12	Doy 1 96 8 eor	
SE	X		4 RACE			S DATE OF B		_	6. AGE (In years	IF UNDER 1 YEA	IR F JNOER 24 HR
	Female		Whi				6- 18		last birthday)		13 13013 133
7a. BIRTHPLACE (State or foreign country)				WHAT COUNTRY?		NEVER MA			OF DEATH		
	Md.			5.A.	WIDOWED [RCED 🗍		rederick		
10 GIY OR TOWN OF DEATH Braddock Hgts.				NAME OF HOSPITAL OR IN Ive street address) Vindobona	Conv.&	Rest H	during m	Home:	ION (Kind of work dor ong life, even if retired maker	ie 125. KIND INDUSTRY	OF BUSINESS OR
	USUAL RESIDENCE (Whossion) STATE		lived, if inst	itutian. Residence petore erick	Frede		YES N	1.04	Route 4		
4		st John	Middle		15. MOTHER'S MAIDEN NAME First Middle Lost Alice Catherine Batson						Lost
lóa.	WAS DECEASED EVER I		IED FOR CES? or or dotes of service)	16b. SOCIAL SECURITY		NFORMANT			Address		
1	(es, no Ne Sunknown)	fit kaz Bisa sa	OL OL GOLDS OF SELACT	220-30-9	478B Ru	ssell	S. Cas	tle-R	oute 4-Free		
Braddock Hgts Substitution State State											ROXIMATE INTERVAL EN ONSET AND OCATH
	412.	IMMEDIA	• 7 -	OD AS A CONSTOURNEY OF							1
	Conditions, if only, wil	ich gove)	DUE 10, C	Servul	· ila	1 strain	20- E	ma11	1 To The Tar	400	5 m
	rise ta immediate c		(b), DUF TO C	OR AS A CONSEQUENCE OF	d al	- serve		Been	i anter	V. V.	tie 1
	stating the underlying	ig couse	(4)	A CONSENDENCE OF							
		ICANT CON	DITIONS CONTR	IBUTING TO DEATH BUT I	OT RELATED TO	THE TERMIN	AL DISEASE OR	CONDITION (GIVEN IN PART I(o)	*****	-
22	Carlotte + 14 Committee										
CERTIFICATION	19a DATE OF OPERATIO	N 19b.	CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	20a AUT	OPSY?		b IF YES, WERE FINDING	S CONSIDERED II	N CERTIFYING
TIFE						YE\$	□ NO □		USES OF DEATH?		
	21a ACCIDENT WAS			E OF INJURY		W INJURY O	CCURRED (Ente	er nature of	injury in Part 1 or Part	2, Item 18.)	
MEDICAL	OR CONTRIBUTING (If either, notify med	cal examin	ier) P.	M	19						
ME	21d INJURY OCCURRI While Not while at work of work	_		RY (AT HOME, FARM, STREET FO OFFICE BUILDING, ETC					City or Town	County	Stote
	22a. I certify the	at (I) (th	s haspital) (attended the deceas	sed_from	5-11	, 19.6	<u>O</u> , to	-12-	19 <u>6 8</u> , th	nat (I) (we) k
	causes state	ınian dea									
	22b. SIGNATURE	R	mar	iti.	DEGR	EE PHYS	ING 🔀	MED. DIRECTOR		Zc. DATE SIGNED Jan. 13	
	22d. PHYSICIAN'S					22e. AD	DRESS				
	NAME (Type)	Dr.	Rex R.	Martin		220	N. Ma	rket	StFreder	ick, Md	.21701
230	BURIAL, CREMATION,	23b.	DATE	23c. NAME OF	CEMETERY OR	CREMATORY		23d. LOC	CATION (City or Town)	(County)	(State)
	Bur 181	Ja	n. 16-1	.968 Mt. O.	Livet, C	emeter	CV	Fr	ederick. M	d. 2170	1
24.	FUNERAL DIRECTOR M.R. Etchis	ELVE	To d'	ADDRES		- 1/2 E	25o. REC'D	BY REGISTRA	AR 2Sb. REGISTRA	AR'S SIGNATURE	
	M.K.Etchia	son &	Son	Freder:	ick, Md	.2170]	L DATE JA	N 17	1968 200	carter !	academ.



MARYLAND STATE DEPARTMENT OF HEALTH

00488

IS RESIDENCE ON A FARM?

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED? NO

(Stote)

(Stote)

(County)

(County)

Fred.

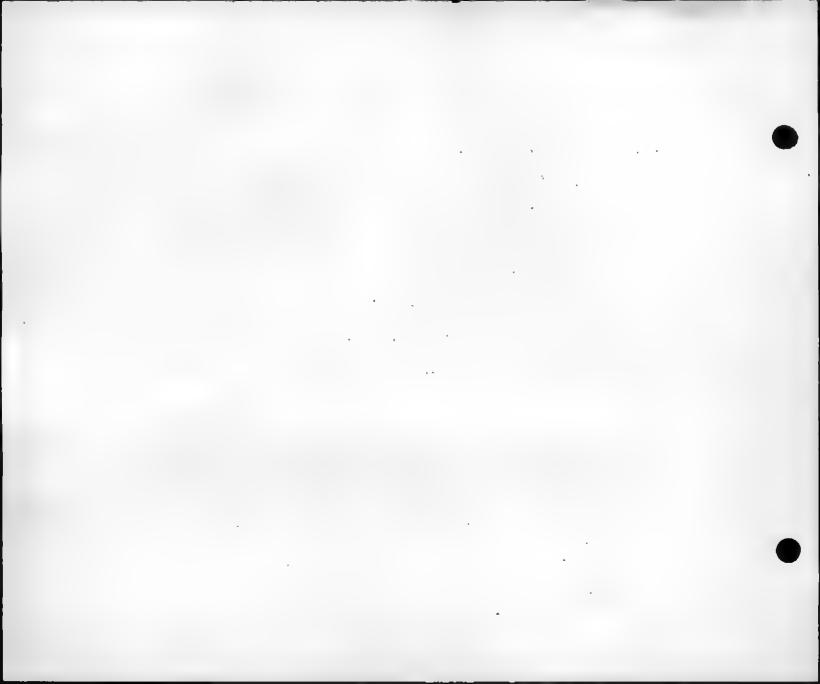
12 CITIZEN OF WHAT



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

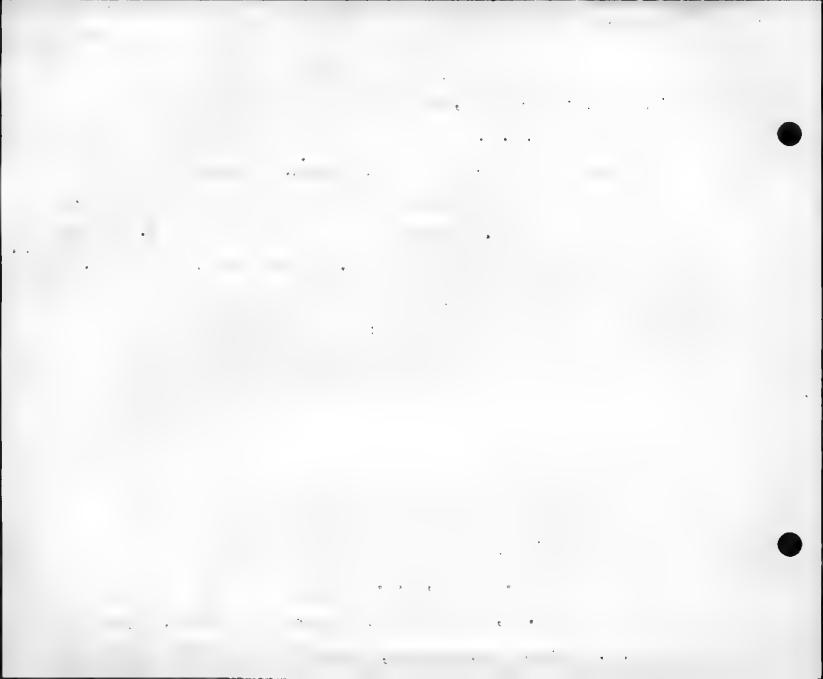
_	00830 CERTIFICAT	E OF D	EATH		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.0859	
1.	PLACE OF DEATH	2. USUAL	RESIDENC	E (Where dece	ased lived, If institution:	* ** *********************************	
	Frederick MARYLAND	a. STAT	E Mar	yland	b. COUNTY FT	rederio	ck
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR		-	orate limits, write RURA		
	Frederick	Midd	lleto	17.770			
	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET		MIT		i e. IS F	RESIDENCE
				7 7		OM	A FARM?
3.	Frederick Men. Hospital NAME OF First Middle) Last	ist F	4. DATE	Month	Day Day	Year
	(Type or print) Marwelle E.	lelen	-0	DF DEATH	/		968
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF E	-		AGE (In years IFUNDE		
	Male White WIDOWED DIVORCED			10	last birthday) Months	Days Hou	
10	a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	-) / yrs.	ITIZEN DF WE	AT
					0	DUNTRY?	
13	Farm Owner Farm	Fred	eric R'S MAID	K Mai	ryland	U.S.A.	
	Oliver Zacharis Coblentz				Boyer		
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	т -		Blvd Midd	7 . 6	3
10	(es, no, or unknown) (If yes pive war or dates of service)	rs. Vi	LO rgin	cust I ia a	Coblentz		1.Ma. 769
	18. CAUSE OF DEATH [Enter only one cause per line (or (a), (b), and (c).]			<u> </u>	CODICHEN	INTERVAL	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Occ.	e	Tres	are	ONSET AN	D DEATH
	410.7 DUE TO	0					
	Cenditions, If any, which) (b) Clevece	of Ca	reu.	arvo	lerease.	541	Tel _
	gave rise to Immediate cause (a), stating the DUE TO					, ,	
1_	underlying cause last. (c) Criere S	ecer	081	>		64	no
15	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	TED TO THE TE	RM INAL D	ISEASECOND	ITION GIVEN IN PART 1(a)	19. WÁS	AUTDPSY ORMED?
2	* * ·					YES 🗍	NO 🗌
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING DOBATH CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter	nature of	injury in Par	t I or Part II of Item 1	8.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
IS I	fact fact	CE OF INJURY	(Home, far	m, 20f. (C	Ity or town) (Co	unty)	(State)
MEDICAL	Hour a.m. While Not While at work at work	131 211 6013 01111	oning., cr	·./	,		
-	21. I certify that (I) (this hospital) attended the deceased from _		19	58 to_	1/37 . 196	8, that (I)	(we) last
		t death occu			n the causes and on	the date stat	ed above.
	22a. SIGNATURE				22b.	DATE SIGNED	0/
	M. Spece M.	ATTENDIN PHYS		IED.	STAFF PHYS.	27/68	
	22c. NAME (Type) T. 130107	22d. AD	DRESS	2 001	005 - 5	211	,
-	THIN TO PRICE		1	FT	worm!	19	
	a. BURIAL PREMETION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATO	RY	23d. LOC	ATION (City, town or co	ounty)	(State)
	urial Jan. 31,1968 Reformed	Cemet		Middl D BY REGIST	rar 25b. REGISTRA	Md 'S SIGNATURE	
1	Gladhill Co. 31.E. Main St. Md.	lletow			- /2 #		13%
	American accompanies l'orani pas l'orani		DATE F	0 2	1968	1	0

VR A15 (4)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME 20 DATE KNOWN (Type or Print) CHARLES HENRII COURSEY DEATH MATED 4 RACE S DATE OF BIRTH 6. AGE (in years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d. HOUR ond 82 hirthday) August 20,1885 White Male 7o BIRTHPLACE (State or foreign 76. GT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Baltomore U. S. A. WIDOWED X DIVORCED [Frederick 8. Give Poges 11 NAME OF HOSPITAL OR INSTITUTION (If not in Ingential hours ofter deoth 10 CITY OR TOWN OF DEATH 120 JSJA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Frederick Hotel, Frederick, during most of working life, even if retired) Frederick ck. Optician 130 USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER Harty and 13b Frederick North Market Street Frederick YES 😿 NO 📋 pages 1 and 2 14. FATHER S NAME IS MOTHERS MAIDEN NAME Middle Wenzal Wilbur Coursey Annie hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Glen Burnie, Md. 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no, or unknown) [If yes give wor or dates of service) Mrs. Charlotte Tayman, 104 Werner Rd. 217 10 1945 File within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY ongestive IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Materiosclerota Conditions, if any, which gave rise to immediate couse (o). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJJRY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of in ary in Port 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f EOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection (Inquiry [and in my apin an Natural causes Accident , Suicide , Hamicide death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** ASS STANT MEDICAL EXAMINER 22b. DATE SIGNED O DEPUTY DEPUTY MEDICAL EXAMINER THE Hanolth Røbert J. Thomas, M.D. ADDRESS(Street, city, town, or county) 90 230 BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Burial (Spec fy) Jan. 18, 1968 Loudoun Park Cemetery Baltimore. Maryland ADDRESS Fadelan 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



	-	ems 18%22a Film 397 -7-68 ams DIVISION OF VITAL	MARYLAND STATE D	EPARTMENT OF HEALTH	MARYIAND 21201	
FOR STATE	-			CERTIFICATE OF DE		00891
HEALTH DERT.		DECEASED NAME First	Middle	Lost	20 DATE KNOWN Afonth	Doy Yeor 2b HOUF
. 2 e . \€		Type or Print) HELENA	JANE	COVER	OF ESTI-	W/ 1968-20
deloy and 3 M3. Pog tment	3		BIRTH 6 AGE (n	VOOTS IF UNDER YEAR F UNDER T	HA HRS 2c. DATE PRONOUNCED DEAD	2d HOUI
ny deloy is 2, and 3 to PM3. Poge	F	emale White August	6, 1936 31	vrs. Days Hours	Min. Month Doy	Year 1965 2A
			WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
8 2 2			5. A.	WIDOWED DIVORCED	Frederick	N
after deoth S. Give Pages olong with Tal with the Jore eath.	10		NAME OF HOSPITAL OR INSTITUTE AND ASSESSED ASSES		SJA. OCCUPATION (Kind of work done most of work ng life even if retired.)	12b. KIND OF BUSINESS OR UNDUSTRY
er de Sive F Ng w ng the h.	130	Frederick USUAL RES DENCE (Where deceosed lived, if in		ACIV	errraing nebr.	Newspape
olo olo	1 , 3	idmission) STATE 13b COUNT		unswick YES K N	THE STREET PORT TOTAL CENT	eet.
within 24 hours pencil in Item 18 xominer's Office ile pages 1 and 2 a			odie Lost	IS MOTHER'S MAIDEN NAME	First Middle	Lost
24 ho in the r's Of r's Of r's Of		Alpha Raymor	nd Reed	Jani		Mercer
thin 24 ncal in miner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	1401004
I within n pencil Exomine File pag		Yes, no, or unknown) (II yes give war or dates of servi	217 32 7146	Frank Cover. III	31 E. B Street B	runswick.Md.
A Paris		18. CAUSE OF DEATH (Enter only one couse p				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E. ansit permit F event within		PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o).	Congestiv	e heart failure		
exilend F Me I pu			OR AS A CONSEQUENCE OF			
d 'be d 'pe Chief ransst		Conditions, if any, which gave trise to immediate cause (a) (b)		ndetermined)		
should be end word "per to the Chief I burrol-transit		stating the underlying couse DUE TO,	OR AS A CONSEQUENCE OF			
to the burner of an		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	D TIME TO DEATH BUT MOT DEL	ATED TO THE TERMINA, DIFFACE OR C	ONDITION CASE IN DADY WAY	
s certificate should b, writing the word forwarded to the Cl used os a bunol-tre emovol, and in ony		SACE 2 OTHER SIGNIFICANT CONDITIONS CONTRE	BOTING TO DEATH BOT NOT KEL	MIED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(9)	
is certific te, writin forward e used or removol,	NOITS	190 DATE OF OPERATION	196 CONDITION FOR WHICH	1 OPERATION		20 AUTOPSY?
2 2 2 1	CERTIFICATION		WAS PERFORMED?			YES 😱 NO 🗀
# + P	L CER	216 EXTERNAL CAUSE WAS 216 TIME	OF INJRY Month, Doy, Yeor R A.M.	21c HOW INJURY OCCURRED (Ent	ter noture of injury in Port 1 or Port 2,	
VER: T certifica hould b lies. should tron, or	MEDICAL	CAUSE OF DEATH	P.M. 19			
S 32 S	1 2	21d INJURY OCCURRED 21e, PLACE OF IN JA	RY (At home, form, street, Ilding, etc.)	21f LOCATION Street or R.F.D. No.	City or Town	County Stote
EXAM ute th your your Poge		AT WORK AT WORK				
ECAL Estection for Poor Poor Poor Poor Poor Poor Poor	1	22o. I certify that I took charge			Inspection [], Inquiry [
leose e durector estoined DIRECT		deoth resulted from Notural a	ouses X Accident [
TY please yy, please and directine RAL DIREC		ACTUAL Cobert III	100000	CHIEF MEDICAL I		E SIGNED
essary, p funeral noy be re JNERAL Ith prio		SIGNATURE ROBERT JOTH	IOMAS, M. D.	DEPUTY MEDICAL	OUT EVENIENCE (**)	1.1968
necessary, please execut the funeral director Pag 5 may be retained for y 10 FUNERAL DIRECTOR: P. Health prior to buriol,		NAME (Type) 812 Toll Hous	e Avenue	ADDRESS(Street,	city, fown, or county)) 1.5-
To DI See See See See See See See See See Se	230	BURIAL CREMATION TECHNICATE MAI	yland 221 MARIOF CEM	ETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
A R			1968 Mount Ol	ivet Cemetery	Frederick Fred	lerick Md.
VR A15MB(R)	24	FUNERAL DIRECTOR World	ADDRESS :	Fadelin 250 RECP	ANREGISTRAR 1968 REGISTRA	GNUE Judges
10M REV 1X		M. R. Etchison & S	Son, Frederick	Maryland DATE		000

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1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0.0892	
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20. DATE KNOWN Month Day Year 2 (Type or Print)	2b HOUR
고 함 등 후	(Type or Print) William Henry Cranshaw Sr DEATH MATED 1 29 1968	4 n N
del oy	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (a years) IF UNDER - YEAR IF UNDER 24 HRS. 2c. DATE PROMOUNTED DEAD	2d HOUR
	Male Negro 12-8-1924 43 YRS MONTHS DAYS HOURS MIN Month Day Year 19 68	A AN
Depar	70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED TWINEVER MARRIED (9 COUNTY OF DEATH	- SE . EL .
Z = 100	COUNTRY) WIRTY Land U.S.A. WIDOWED DIVORCED Frederick TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINE)	М
Aegra Pages 1, with Tarm		SS OR
after death B. Give Page along with the with the Sta	Frederick Give street oddress) during most of working life, even if retired. INDUSTRY Construction Co	otic
haurs after de Item 18. Give f Office along w Land 2 with the after death	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3 CTY OR TOWN 13d INSIDE CTY LIMITS? 13e. STREET AND NUMBER	74 14 14 14 14 14 14 14 14 14 14 14 14 14
rs af 18. e ak 2 wr	odmission) STATE Md 13b (OUNTY Frederick Frederick X NO 1 115 Tce Street	
1 haurs Item 18 Office o Tand2 v	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
	Bernard NMN Redmond Cordelia Ann Cranshaw	
hin 24 ncil in niner's pages haurs	160 WAS DECEASED LYER IN . S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS Frederick	Md
l within n pencil Examine File page	(Yes, no or unknown) (It yes gave war or dotes of service) Yes WW 11 215-14-2706 Viola M Cranshaw 115 Tce Street	1.10
y = = = = = = = = = = = = = = = = = = =	18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b) rand (c))	ERVAL
xecuter iding" i Aedical permit.	PART I DEATH WAS CAUSED BY. LONGESLIVE HOLLING TOURS AND MEDIATE CAUSE (a) LONGESLIVE HOLLING	U UCAIN
be executed within "pending" in pencil in pencil in the Medical Examine insity permit. File pagevent within 72 hau	0/1/2 DUE TO, ORAS A CONSEQUENCE OF O O	
d be executed within 24 d'pending" in pendil in Chief Medical Examiner's transit permit. File pages y event within 72 haurs	Conditions, if any, which gove (b) Beladeral Jan-Advanced (c), (b) Beladeral Jan-Advanced	
ward ward the Ch irial-tra	stating the underlying cours / Spet O. OK N. A. CONDITIONAL OF A	
should be to ward "pela to the Chief burial-transit	lost. Pulmonary whereulosis	
a t t	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ifica tring ardeo	Z	
certi arwai used mava	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	
This certificate, writing be farward at be used a ar remayal ar remayal	₩ YES	NO [
	210 EXTERNAL CAUSE WAS 21b TIME OF INLURY Month Doy, Year PRIMARY OF CONTRIBUTING HOUR A.M. 21c HOW INJURY OCCURRED (Enter nature of njury in Port 1 or Port 2, Item 18.)	
INER: Te certifice shauld be files. 3 should a crian, ar	CAUSE OF DEATH P.M. 19	
= e ~ + c 2	21d INJURY OCCURRED 21e PLACE OF IN. JRY (At home, form, street, foctory, office building, etc.) 21f LOCAT ON Street or R.F.D. No. (ty or Town County	State
	AT WORK AT WORK	
DEPUTY SICAL E scassary, please execu e funeral director Pag may be retained far FUNERAL DIRECTOR: 6 ealth prior to burial.	220 I certify that I took charge of the remains described above, held an Autopsy 🔊, inspection 🗍, Inquiry 🗍, and in my	opinion
E G de de C	deoth resulted from, Noturo Jouses M., Accident M., Suicide M., Homicide M., Undetermined monner	
please please I director retained	CHIEF MEDICAL EXAMINER	
y, pleaseral directions are retain	SIGNATURE COULCE TO WOULDED M.D. ASSISTANT MEDICAL EXAMINER 225, PATE SIGNED	1/0
DEPUTY cessary, e funera may be funera alth pr	EXAMINER'S	168
o DEPUTY SICA necessary, please e the funeral director 5 may be retained 6 FUNERAL DIRECT	NAME (Type) 812 Toll House Avenue ADDRESS(Street, c.ty, 'town, or county) Frederick, Md	
07 事業な 07 事業な 0	230 BURIAL (REMATION FREQUENTISMS Maryland 22 INAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote	e)
4	Burial [2-1-1968 Fairview Frederick Fred Md	
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
OM REV 1/68	C.E. Hicks 111 Frederick Md DATEJAN 3 1 1968 Frances Lungs	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

 $\alpha\alpha\omega\alpha\alpha$

		CERT	IFICATE OF DEATH		00000							
1 DECEASED-NAME (Type or pnnt) VI	vian Ir	mene Darr	Last	20. DATE OF DEATH Jamuary Dog	25 HOUR 10:93							
3. SEX Female	4 RACE Cauc.		S DATE OF BIRTH 3/18/99	6 AGE (In years Age birthday) YRS	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN							
7a BIRTHPLACE (State or for country) Liarylan	d U.S.A.	WIDO	OWED DIVORCED	Frederick	M							
10. CITY OR TOWN OF DEATH Brunswi	CK give st		toPotomac during to	L OCCUPATION (Kind of work done 也处理性证明新代码的 (retired.)	126 KIND OF BUSINESS OR INDUSTRY							
13a USUAL RESIDENCE (Whe admission) STATE, "ar	re deceased lived, if institution ylandlish county F	n Residence before 13c (1 rederick b	TY OR TOWN 13d. HISTOE CITY LIM PUNSWICKYES NO		mac Street							
14 FATHER'S NAME Fir Erne		Porter	Daisy Je	nkins Middle	Last							
16a. WAS DECEASED EVER IN Yes, กล, ฮะ พูทู่หกุดพก)	U.S. ARMED FORCES? (If yes give wor or dates of service)	165. SOCIAL SECURITY NO.	17. INFORMANT Betty Lou Ca	valier,Harpers								
1B. CAUSE OF DEATH PART I. DEATH W	(Enter only one couse per line AS CAUSED BY IMMEDIATE CAUSE (a) CO:		mhoeis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 mins.							
rise ta ımmediate ca	DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). Stating the underlying cause Due TO, OR AS A CONSEQUENCE OF											
last. 4	(c)Hv:	pertensive	cardiovascula	ar disease	8 yrs.							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0) Hemiplegia due to cerebral thrombosis and Diabetes Mellitu												
19a. DATE OF OPERATION	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO CAUSES OF DEATH?											
☐ OR CONTRIBUTING ☐ CO	2 to the state of											
While Nat while	J		21f LOCATION Street or R.F.D. No.	City ar Tawn	Caunty State							
saw the dec	t (I) (this haspital) atter eased alive and d abave, (I) (we) (did) (8H 27 19 00	?, and that in (my).(%)(%) apii	50, ta_Jan - 25, 19_ nion death accurred an the da	te and havr and fram th							
22b. SIGNATURE	KA	om.	//	ED STAFF 22c L RECTOR PHYS D Jaj	n. 24, 1968							
22d. PHYSICIAN S NAME (Type)	T. Byron	Kao, M.D.	Gum Spri	ng Hollow,Brun	swick, Md.							
23o BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE T/26/68	23c. NAME OF CEMETER	Cl., material	23d LOCATION (City or Town) Petersville	(County) (State)							
24 FUNERAL DIRECTOR	War Die	Brunswick	3 DEC'D BY	REGISTRAR 25b. REGISTRAR'S								

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers—Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Mours Poge 4 moy be retained by the haspital or attending physician. VR A15 (4) 30M REV, 1/

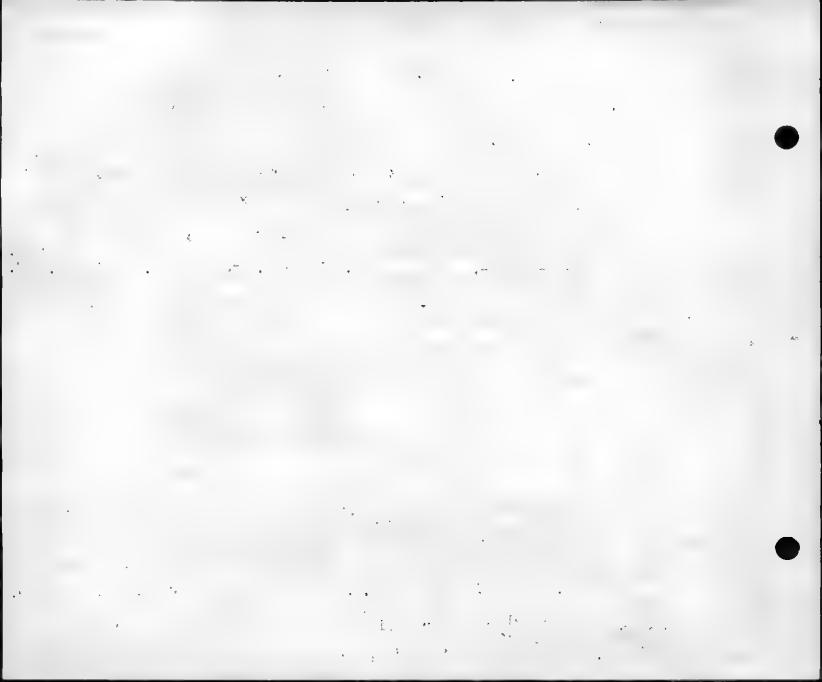
after death.

A P



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00885 00894 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) TRACEY 3. SEX 6 AGE (In years IF LINDER 1 YEAR lost brittagy) 24 hours aft Fem. 12/14/02 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [NEVER MARRIED] country) Frederick Count md. AMERICA WIDOWED D DIVORCED [physician and cample ely med 12a. USUAL OCCUPATION (Kind of work done I NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1D. CITY OR TOWN OF DEATH law requires that the death certificate be executed within give street address) memoria Liown & Country Cleaners Frederick, Cleaning 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Frederick NO X Rural 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Last Elmer Daisy May Beall Hagen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Fred. (er na, ar unknown) Mr. William R. Tracey 333 E. Patrick St. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Carcing of the cause (b). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) **burial-transit** rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from 200, 1966, to 29, 1969, that (1) (we) last saw the deceased alive on 28, 1968, and that it (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. 22d. PHYSICIAN S 22e, ADDRESS Willis Riddick Dr. NAME (Type) M.D. Frederick Medical Center Frederick. Md. director, should b 23b DAJE 1-31-1968 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) Buria-Mount Olivet Cemetery Frederick. Maryland 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) Frederick, Maryland, JAN 3 1 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 36896 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00895 CERTIFICATE OF DEATH 1. DECEASED NAME SARÄH Middle last 2a. DATE OF DEATH 2b. HOUR (Type or print) January Month 29 Day 1968 ELIZABETH DeLASHMUTT S. DATE OF BIRTH 3 SEX 4. RACE 6 AGE (In years requires that the death certificate be executed within 24 hours after White November 13, 1887 Female. 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland corbon popers. Frederick. completely filled in U.S.A. DIVORCED | WIDOWED [11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Frederick Memorial Hosp. during most of working life, even if retired.) WXXXXXX Frederick burial-tronsit permit. Then please remove corb burial, cremation, or removal, and in any event, 130. USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Frederick YES 🔛 Frederick NO 🗔 129 West Third Street 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle T. Emma Thomas Eward 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address no, ar unknown) 216-46-8724 Miss Alvida B. DeLashmutt 120 W. 3rd St. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) signed by the burial-tronsit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physicion. stating the underlying cause last. 📑 🖂 🖫 🗴 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use as the State Dept. of Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20e AUTOPSY? CAUSES OF DEATH? YES 🗔 NO -210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f LOCATION Street or R F D No. City or Town County State While Nat while at work TO FUNERAL DIRECTOR: After director, page 3 should should be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR DEGREE 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) Celcons

23a BURIAL CREMATION

Bu REMOYAL (Specify)

VR ATS (4) 30M REV 1/68

24 FUNERAL DIRECTOR

2-1-1968

23b. DATE

Mount Olivet Cemetery **ADDRESS**

Frederick. Marylandall

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) Frederick. Maryland

(County)

2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

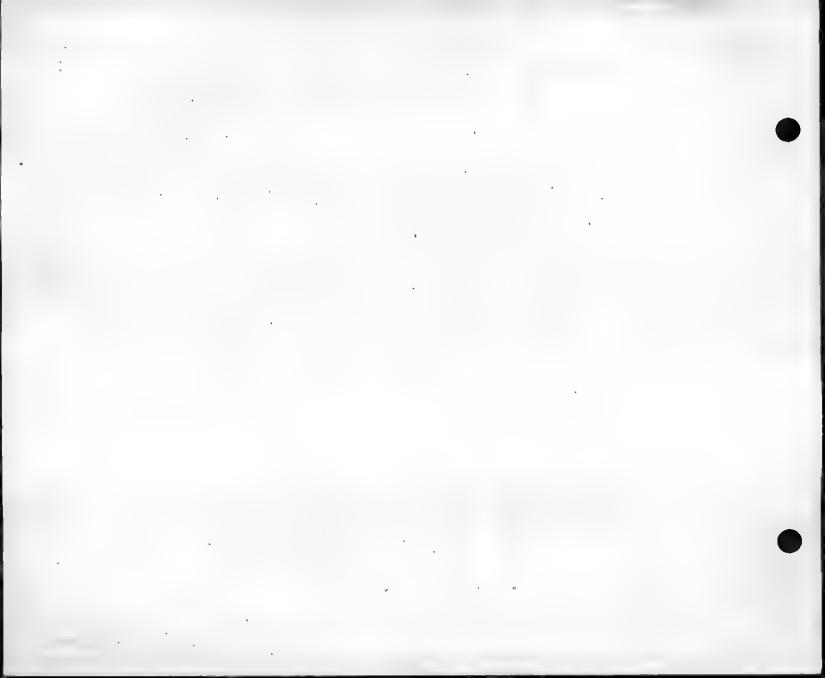
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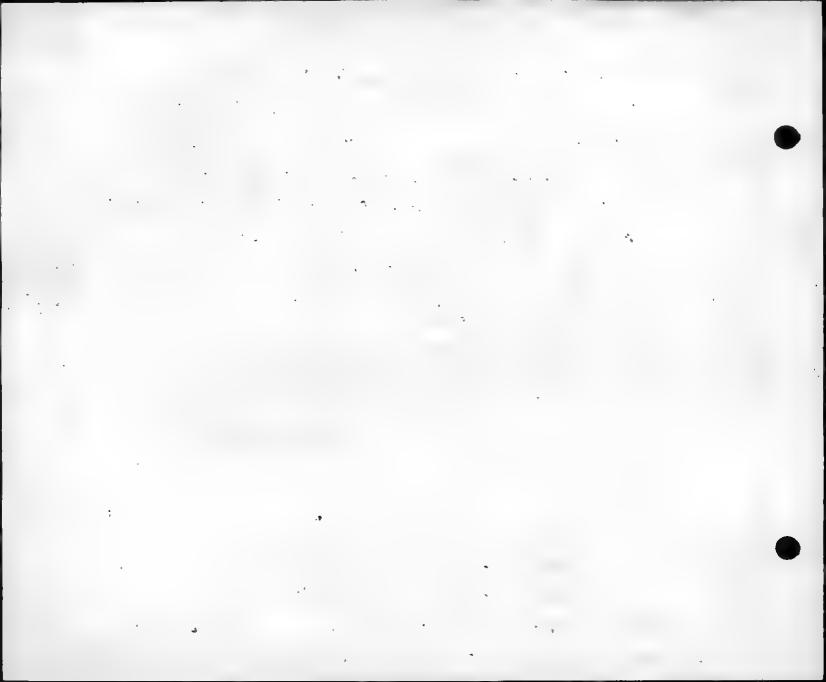
		MARYLAND STATE DEPARTMENT OF HEALTH
<i>H</i> 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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rsician: aspital ar certificate hed far u	MEDICAL	OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Yeor [19] (If either, natify medical examiner) P.M.
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by 1 ffer be (Stat		22a. I certify that (1) (this haspital) attended the deceased from 040, 19.56, ta 1/2, 19.66, that (1) (we) lass saw the deceased alive an 19.66, and that in (my) (our) opinion death accurred an the date and hour and from the
OR ATTENDIN De retained by OIRECTOR: After e 3 should be		saw the deceased alive an
OR ATTENI De retained DIRECTOR: A le 3 should ed with the		22b. SIGNATURE 22c. DATE SIGNED
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O HOSPITAL OR ATTENDING Page 4 may be retained by the CHUNERAL DIRECTOR: After director, page 3 should be defined with the State	102	TIMES GISTONER, ON I WASKEDVILLE ITTAL
O O O O O	230.	BUR AL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5-5	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
30M REV 68	-	9. C. Barten walkersville md 21793 DATE JAN 8 1968 Policites Jungs



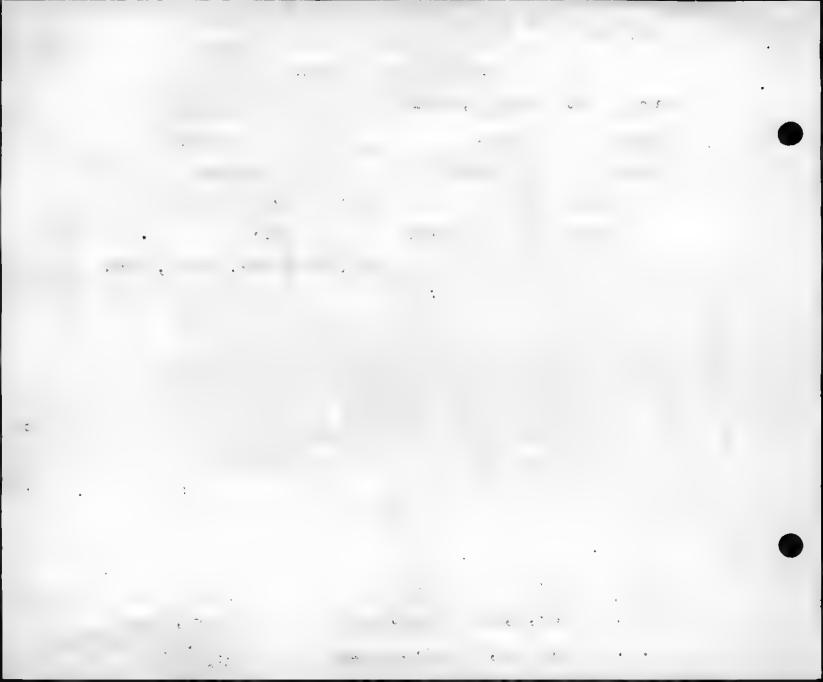
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTHADEPT T. DECEASED-NAME First M.ddle 2a. DATE KNOWN Month (Type or Print) ESTI-0 DEATH MATED 3 SEX 4. RACE 6. AGE in years IF JNDER 24 HRS 5 DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR puo MONTHS last birthday) HOURS Deport YRS. 70 BIRTHPLACE (State or foreign MARRIED THEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED F in Item 18. Give Poges TO CITY OR TOWN OF DEATH Office along with 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR lond 2 with the death. 130 USUAL RESIDENCE (Where deceased I ved. if institution, less dence before 13c. CITY OR 13d INSIDE CITY LAMITS? odmission) STATE 4 24 hours offer 14 FATHER'S NAME 15. MOTHER S MAIDEN NAME Examiner's podes hours be executed within in pencil 17. INFORMANT ADDRESS (Yes, no, or unknown) Ele within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) permit PART I DEATH WAS CAUSED BY EREBRAL pending THROMBOSIS IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF CARDIDUASCULAR DISEASE HRTERIO SCLEROTIC Conditions, if any, which gave nse ta immediate cause (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse forwarded to the = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 0 REMIA removal. 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 21a EXTERNAL CAUSE WAS 23c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 21b, TIME OF INJURY Manth, Day, Year 3 should WEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: CAUSE OF DEATH 21d NauRY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 2 f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE MOT WHILE AT WORK 22a. I certify that I tack charge of the remains described above, held an Autopsy ... Inspection [7] Inquiry and in my apin an Natural causes death resulted fram: Accident . Suicide . Hamicide Undetermined manner CHIEF MED CAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X may **EXAMINER'S** Heolth NAME (Type) Robert Thomas, M.D. ADDRESS(Street, city, town, or county) 0 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 24 FUNERA, DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 20893 CERTIFICATE OF DEATH 1. DECEASED NAME 20. DATE OF DEATH 26. HOUR (Type or print) EDN Month SUSAN EICHELBERGEA 24 hours after 3. SEX 4 RACE S. DATE OF BIRTH UF JMDER I YEAR 6. AGE (In years lost birthday) MONTHS JUNE 27-1888 7a, BIRTHPLACE (State ar foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED X DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If pat in haspital 12a USUAL OCCUPATION (Kind of work dans 125. KIND OF BUSINESS OR The law requires that the death certificate be executed within give street address)
VINDA BONA NU during most of working life, even if retired.) INDUSTRY remaye calibon SEAMSTRESS SEWINR burial, crematian, ar removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 36 INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b COUNTY YES X 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME first Last SUSAN SNOOK 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (If yes give wor or dates of service) Yes, no. or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. of Health prior ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (M) (this hospital) ottended the deceased from 1965, and that (my) (our) opinion death occurred on the dote and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) FREDERIC 23b. DATE 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) FREDERICK 24. EUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fly director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I should be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after

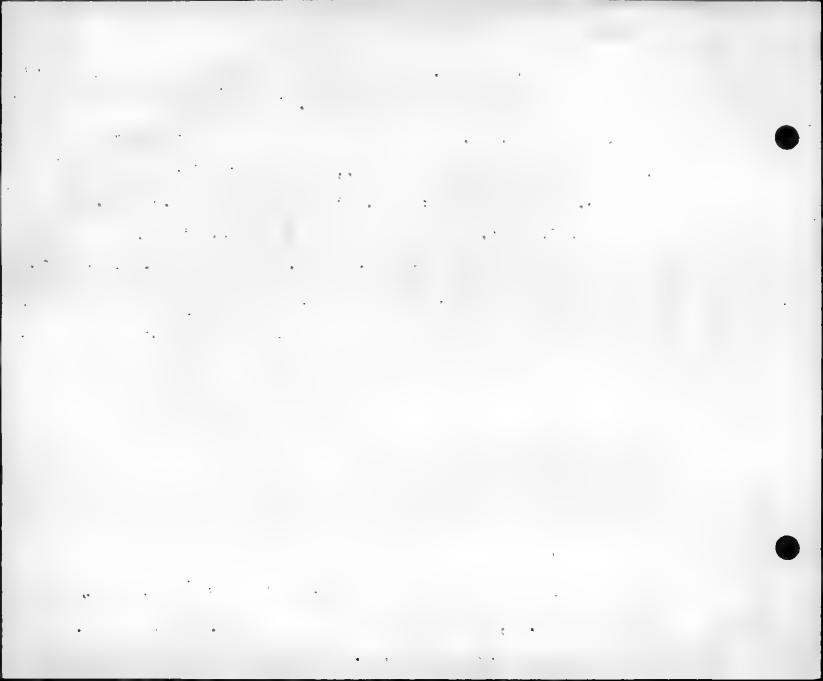
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hays

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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and	160.	WAS DECEASED EVER IN U.S		16b. SOCIAL SECURITY N				Idress	
, al	ľ	es, no or unknown) (15 ye	s give war or dates of service)	220-44-9	168 J1 Mr	s. Leo	na Pickett	, Westmi	nster,Md
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Lab f	١,	22d. PHYSICIAN'S NAME (Type)	W.B.		22. 40	DRESS So.	Main St.	74. Alre	, md.
hould be			23b DATE	23c. NAME OF (EMETERY OR CREMATORY		23d LOCATION (City or Tov	vn) (County)) (Stote)
TAK .		BURT PETY)	Jan. 21, 19	68 Pin	e Grove		Mt. Airy.	Md	
1/10		FUNERAL DIRECTOR		ADDRESS		2So REC'D BY	REGISTRAR 2Sb. REG	SISTRAR S SIGNATURE	
REVI 168		C.M. Waltz,	Box241,S	ykesvill	e.Md.	DATE JA	V 2 3 1968	Meliones	Just a



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00901

		CEASED-NAME Pirst	/	Middle	62	lost een	20	DATE OF DEATH Mon	th Day	2 Steor 68	26 HOUR
	3 SE	x (4 RACE		6-7	S. DATE OF BIRTH	1	6 AGE (in yeors		NDER 24 HRS.
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/	13o odmi	USUAL RESIDENCE (Where deceose ssion) STATE Mryland	ived, if institution 135, COUNTY Frederi	n. Residence before	HANNER OF	PWROCKS YES	HSIDE CITY LIM. TSP	13e STREET AND		cks, Md.	
		ATHER'S NAME First	Middle	Lost	15	MOTHER'S MAIDEN		1	Middle	t	.ast
-1		John	. F.	Green			Daisy			McCutche	on
	lóa.	WAS DECEASED EVER IN U.S. ARM	er er detec of second	66 SOCIAL SECURITY		FORMANT			Address		
		es, no, or unknown) (If yes give w		218 24 88	02 Mrs	. Helen	Green	Point of	Rocks	Marylar	
		18 CAUSE OF DEATH (Enter onl PART 1 DEATH WAS CAUSED IMMEDIA	y ane cause per lufe I BY. TE CAUSE (a)	for (o), (b), enafted	ne Idea	ut Fai	lure	& Sho	ch	BETWEEN ONSET	
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	MEDICAL CER	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	Manth Day Year	9	W INJURY OCCURRI	ED (Enter nati	ure of injury in Port	1 or Part 2, It	em 18.)	
		21d INJURY OCCURRED 21e While Nat while at wark of wark	PLACE OF INJURY (AT HOME, FARM, STREET FÄ DEFICE BUILDING, ETC.	CTORY) 21f LOC	ATION Street or	RFD No.	City or Town	. ~	County	Stote
		22a 1 certify that (1) (the saw the deceased a causes stated above	IVA OF THE	- J	19 <u>6 & C</u> and	that in (my))(i	_, 19 <u>68</u> aur) apınıar	death accurred	an the dat	e and haur and	(we) last I fram the
		226 SIGNATURE	V. C	hase	m D. DEGRE	ATTENDING E PHYS	MED DIRECT	OR STAFF	□ 22t D	ATE SIGNED	8
1		22d. PHYSIC: AN'S NAME (Type) Hen	ry V.	Chas	c 8	22e ADDRESS 0 4 701	Hou	seAve	Free	derich	- Md
R	230	BURIAL, CREMATION, 23b. (Fe)	DATE 1.1968	1	CEMETERY OR C			oint of	,	(County) (Store)
4	24.	FUNERAL DIRECTOR	ouald	ADDRESS	tade	ce 250	REC'D BY RE	GISTRAR 2Sb	REGISTRAR'S	SIGNATUR	
58_)		M. R. Etchis	son & Son	Frederi	ck. Mar	Vland DA	TE FEB	2 1968	fice	ver judg	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely "illed" in by Nestoperal director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon pages. Pages then 2 should be filed with the Stote Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV 176

to Hospital or Attenbing PHYSICIAN: The low requires that the death certificate be executed within.
Page 4 may be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06903 CERTIFICATE OF DEATH 20 DATE OF DEATH I. DECEASED-NAME First M⊦ddle Last (Type or print) Month Sadie Lucy Gréen 3. SEX A RACE S. DATE OF BIRTH 6. AGE (In years completely filled in by You lost birthdoy) Female Negro 8-13-1910 57 nansii permit. Then please remove corbon popers. Pot cremation, or removol, and in any event, within 72 hours 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH requires that the death certificate be executed within 24 hour MARRIED X NEVER MARRIED country) WIDOWED | DIVORCED [Maryland U.S.A. Frederick 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done give street address? during most of working life, even if retired.) Factory
ITY LIMITS? 130 STREET AND NUMBER Frederick Memorial
130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 130 CITY OR TOWN 34 INSIDE CITY 11M-TS? NOX odmission) STATE 13b. COUNTY YES 🖂 Frederick Doubs 14 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle physicion and Garfield Proctor Harriet NMN Ann 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) 219-05-5066 Goldie Wilson 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove to buriol-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse by the hospital or attending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to ■us pe■■ 20o. AUTOPSY? 19a DATE OF OPERATION CAUSES OF DEATH? YES T NO F certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d IN.JRY OCCURRED City or Town TO FUMILIAL DIRECTOR: After this While Not while of work 220. I certify that (I) (this hospital) attended the deceased from 1965, ta 110, 1968, that (I) (we) lost sow the deceased alive an 1966, and that unitary) (our) apinion death occurred on the date and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 19_65, ta SIGNATURE **ATTENDING** MED DIRECTOR director, nage 3 DEGREE PHYS. 22e. ADDRESS 22d/ PHYSICIAN'S NAME (Type) James B. Thomas Prof. Bldg. Frederick. Md

23c. NAME OF CEMETERY OR CREMATORY

Point Of Rocks

23b DATE

1-13-68

.E. Hicks.111 Frederick, Maryland

230 BUR AL, CREMATION

REMOVAL (Specify)

FUNERAL DIRECTOR

30M REV 1/68

00902 2b. HQUI IF UNGER 1 YEAR HOURS 12b. KIND OF BUSINESS OR **INDUSTRY** Canning Box 53 Doubs P.O Offord Box 53 Doubs Md BETWEEN ONSET AND DEATH 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING County Stote 22c DATE SIGNED 23d LOCATION (City or Town) (County) Point of Rocks Fred . Md 1968 REGISTRADE SIGNATURE 250. REC'D BY REGISTRAR

. . . - - - r 3.6.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00904 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2n DATE OF DEATH deoth, pub (Type or print) KATHERINE FROFF JANLARY 3. SEX S. DATE OF BIRTH 6. AGE (In years DE LINDER 1 YEAR as burthday) 7/28/1888 MONTHS 1 physician and campletely filled in by the white female 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED THE NEVER MARRIED TO country) N. A U.S.A. DIVORCED [7] Frederick WIDOWED [7] 11 NAME OF HOSPITAL OR INSTITUTION (If pat in haspital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done Memorial Hosp. saleslady carban Frederick burial, crematian, or remaval, and in any event, 13c CITY OR TOWN 13e STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 136 INSIDE CITY LIMITS? Frederick YES X NO C Middletown E. Main St. 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle David Groff Catharine Shafer 17. INFORMANT 16d. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) Amos Holter, Middletown, Md. the attending phys 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY TRACT INFRICTION URINARY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burial-transit p RECTUM ADENOCAREINOMA rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) hall been the Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [D FUNIKAL DIRECTOR: After this certificate be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY detached far DR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year

law requires that the death certificate be executed within 24 haurs after

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. (N.URY OCCURRED City or Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 1/30, 1968, to 1/31, 1968, that (I) (we) lost saw the deceased alive an 1/31, 1968, and that in (my) (our) apinion death accurred on the date and hour and from the director, page 3 should should be filed with the couses stoted above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR yorker Mr. 10 DEGREE 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. Richard C. Revnolds Frederick. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION, REMOVAL (Specify) Reformed Cemetery Middletown, Fred., 2/3/68 25b. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DATEFEB 30M REV. 1/68 Company, Middletown, Md.

2b. HOUR

IF LINDER 24 HRS

12b, KIND OF BUSINESS OR

Lost

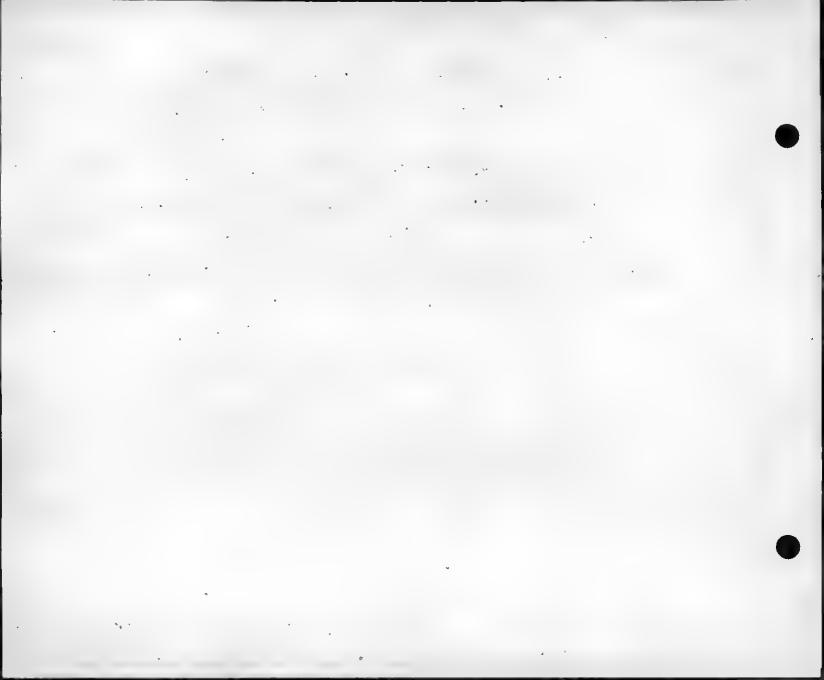
APPROXIMATE INTERVA

BETWEEN ONSET AND DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00904CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) Year 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR F JMDER 24 HRS last birthday MONTHS HOURS ve carban papers. Page event, within 72 haurs a 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland Frederick USA WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during-most of working life, even if retired.) INDUSTRY signed by the attending physician and completely f burial-transit permit. Then please remave carban Frederick Memorial Roads 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e, STREET AND NUMBER 13d. INSIDE CITY LIMITS? law requires that the death certificate be executed admission) STATE 13b. COUNTY YES X No 🗆 Md red. Graceham 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last William Grushon Estella Gaugh 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes na ar unknawn) (If yes give wor or dates of service) 215-26-1646 ar removal, Mildred Grushon Graceham CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CALSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CÓNSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS, A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN as the prior tal O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [No 🗔 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 18.) 21c. HOW INJURY OCCURRED Ē OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. detached 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY) 23F LOCATION Street or R.F.D. No. County State City or Town While Not while of wark 220. I certify that (1) (this haspital) attended the deceased from 23, 1968, ta þ saw the deceased alive an 35 1968, and that in (my) (aur) apinian death accurred on the date and haur and fram the Page 4 may be retained 3 should causes stated abave (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE director, page should be filed PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) BUR AL, CREMATION 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) REMOVAL Expectly 1-28-68 Resthaven Mem. Garden Nr. Frederick 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68 -Thurmont



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00906 CERTIFICATE OF DEATH 20. DATE OF DEATH Middle 1. DECEASED-NAME Jours after death (Type or print) 6 AGE (In years IF UNDER 1 YEAR 3. SEX last birthery 30 9. COUNTY OF DEATH 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED [NEVER MARRIED] country) DIVORCED [WIDOWED TO PHYSICIAN: The law requires that the death certificate be executed within 24 12b. KIND OF BUSINESS OR 12g USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not un hospital give street address) ring most of working life, even if retired } INDUSTRY camplete and in any event, 13e, STREET AND NUMBER 30 USUAL RESIDENCE (Where deceased lived, if institution Residence before, (13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Middle 14 FATHER'S NAME First Lost IS MOTHER'S MAIDEN NAME First 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (III yes give war or dates of service) Yes, no, or unknown) burial, cremation, ar removal, attending phy permit. Then APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Conditions, if any, which gave) signed by the burnal-transit rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) State Dept. af Health prior to as the CERTIFICATION 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 21c. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an and that causes stated above, (I) (we) (did) (did not) view the bady after death. and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the 22c/DATE SIGNED 22b. SIGNAFURE **ATTENDING** STAFF PHYS DEGREE PHYS DIRECTOR 228 ADDRESS 228. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) (County) BURIAL, CREMATION 23b. DATE REMOVAL (Specify) ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00907 00906 CERTIFICATE OF DEATH First 20. DATE OF DEATH 1. DECEASED-NAME 2b. HOUR (Type or print) DORUTHY Mae HOLTER JANUARY 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR IF JNDER 24 HRS 6. AGE (In years White June21,1898 Female 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED M NEVER MARRIED M COUNTRATYLand Frederick U.S.A. carban papess DIVORCED [requires that the death certificate be executed within 24 signed by the attending physician and campletely filled burial-transit permit. Then please remave carban pap burial, crematian, ar removal, and in any event, within 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 LSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Fireted edward ch Memorial Hosping metolygraphic genification. WWW Home Frederick 130 USUAL RESIDENCE (Where deceased lived, if restitution Residence before 13c CITY OR TOWN odmission) SMaryLand 13b TOWNEY derick Middleto 13d. INSIDE CITY LUMITS? 13e STREET AND NUMBER Middletown YESK 13b FOWEderick 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Lost Thomas Derr Ella John Mae Derr Middletown, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1166. SOCIAL SECURITY NO 17 INFORMANT Oscar W. Holter Yes (gor or unknown) 214-42-0949 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

CEREBRAS CEREBRAL HEMURRHAGE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) 10) HYPERTENSIVE ARTERIOSCLERUTIE PARDIOVASCULAR DISEMSE rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. stoting the underlying couse(PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO K YES [O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED [Enter nature of injury in Port 1 or Port 2, Item 18] FTTOR CONTRIBUTING (TT) CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a 1 certify that (1) (this haspital) attended the deceased from 12 11, 1967, ta 11/1, 1968, that (1) (we) last court the deceased alive an 1/10 1968, and that in((my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive on 1968, and that causes stated abave((i) we)((did) (did nat) view the bady after death. director, page 3 should 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS MED. DIRECTOR STAFF PHYS. Reynolds DEGREE 22e. ADDRESS Frederick, Maryland 22d. PHYSICIAN'S Richard C. Reynolds M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY Reform Cemetery 23b. DATE Dec. 14, 1968 23d OCATION (City or Town) Middletown 230 BURIAL, (REMATION, TRUNCY AL (Specify) Fred. Md. 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR yclicareas Juages Middletown, Md,

Gladhill Co.



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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EN E with	2 T	DECEASED-NAME	First	Middle	Last	2a. DATE	OF DEATH		2b. HOUR
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	L			Fiay			January 1		2:56
B- 5	3.	SEX	4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
a ge p	н	Female	White		October	19, 1891	last birthday) 76 YRS.	MONTHS DAYS	HOURS MAN
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E S E	li.	30. USUAL RESIDENCE (Where d	eceased lived, if institution				STREET AND NUMBER		
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signed by the attending physician butial-transit permit Then please butial, crematian, ar remaval, and	ŀ							APPROX N	LATE INTERVAL
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- <u>a</u> . <u>.</u> <u>.</u>	н	Conditions, if any, which a		CONSEQUENCE OF	alin HATTI	CALINA	1	7/10	7/61
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signed by the aftend burial-transit permit burial, crematian, ar i	н	last.	—) (c)					10	
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9 8 1		22d. PHYSICIAN'S		//	22e. ADDRESS				
A de de		NAME (Type) Ber	nard O. Thoma	as Jr.,			Frederic	ck. Md.	21701
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E E AV	2		23b. DATE		EMETERY OR CREMATORY		iTION (City or Town)	(County)	(State)
TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached far use as should be filed with the State Dept. of Health pri		Bull al Specify)	1/15/68		ed Cemetery	Char	lesville,	rederic	K Md.
1441	1	4 FUNERAL DIRECTOR	Hrank 18.	S. 277 ADURES	250	. REC'D BY REGISTRAR			
30M REVALOR		M. R. Etchis	on & Son, Fre	ederick,	Nd. 21701	JAN 15	1968 VCha	wear your	الحالي .

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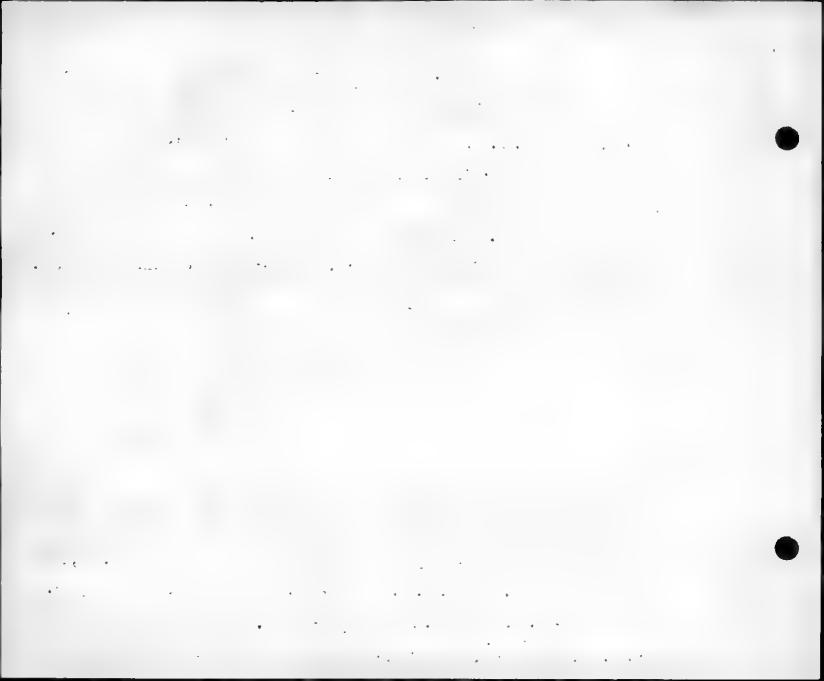
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with Page 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

l					- (EK!IF	ILAIL OF	DEATH				UU	4717	,
	ECEASED NAME	First			Middle		Lost		20 DATE C		D=	V		HOUR
,	Type or print)	BERTHA			A.		HORINE		Janua	ary Month	29	196	8	A
3 5	X		4. RACE				S DATE OF B			6 AGE (In) lost birthd	18012	IF UNDER I YEAR		R 24 HRS.
	Femal e			Whit			June 2	4, 187			YRS	DONIES ONLY	HOURS	301919
7a.	BIRTHPLACE (State ntry)	or foreign	76 CITIZEN	OF WHAT C	OUNTRY?		D 🔲 NEVER MAR	RRIED	9. COUNTY O					
	Maryland		U.	S. A.		WIDOWE	- 70	RCED 🗀		erick				M
ID.	city or fown of Frederic			11 NAME Of the control of the contro	F HOSPITAL OR INS address) er ick Nu	noitution (i rsing	f not in hospital Home			N (Kind af wa g life, even if i		12b KIND C INDUSTRY	IF BUSINES	S OR
130	USUAL RESIDENCE	(Where decease	ed lived, if	institution: R	Residence befare	13c. CITY	OR TOWN	13d. INSIDE CITY L		TREET AND NU	MBER			
idn 1	ission) STATE		136_0	unty ederic	ck	Rout	e 4	YES N	Ro	ute 4				
14.	FATHER S NAME	First	M	ıddle	Lost		IS. MOTHER'S M	AIDEN NAME I	First		Middle		Lost	
	Sar	nuel		L.	Hargett			Ann	ie			Kess	ler	
ióa	WAS DECEASED EV	ER IN U.S. ARI	AED FORCES		SOCIAL SECURITY I		7 INFORMANT				ddress			
	res, no er unknowr	(1170-1010		219	9 46 378	7 J1	Mrs. He	len Ev	erhart	Route	4,Fr			
	18. CAUSE OF D				(o), (b), ond (c).		,					BETWEEN	X MATE INTE	
	PART I. DEA	TH WAS CAUSE IMMEDI	ATE CAUSE (d	a)	Cerol	hal	verse.	La an	eide.	-6		3 0	year	
	456.0	1	DUE T	O, OR AS A	CONSEQUENCE OF					,			1	
	Conditions, if on rise to immedia	v, which gove	f	b)	Serve	ites	+ Gazner 2	ale	of an	terry p	the my	2 8	4	2
	stating the und	erlying cause(DUE T	O, OR AS A	CONSEQUENCE OF		. ()	8					9 ,	
	lost.			(c)										
	PART 2. OTHER S	IGNIFICANT CO	NDITIONS CO	NTRIBUT NG	TO DEATH BUT N	DT RELATED	TO THE TERMINA	IL DISEASE OR	CONDITION GIV	EN IN PART I(c	a)			
NC	20/1													
CERTIFICATION	190. DATE OF OPE	RATION 19b.	CONDITION	FOR WHICH O	PERATION WAS PE	RFORMED	20a. AUT		CALIC	IF YES, WERE FI ES OF DEATH?	INDINGS CO	INSIDERED IN	CERTIFYIN	IG
RTIFI							YES							
	210. ACCIDENT V	CAUSE OF DEA	HOU HOU	TIME OF INJU R A.M M	JRY anth Doy Year		HOW INJURY OC	CURRED (Ente	er nature of in	ury in Part 1 c	or Port 2, 1	tem 18.)		
MEDICAL	(If either, notify	medical exami	ner)	P.M.	OME FARM CYPECT FAC		LOCATION CO.	D.C.D. N.	F1-	T		ft-		Stote
-	21d. INJURY OCC While Mot w	pile 121e.	PLACE OF II	NJUKT (OFFIC	OME, FARM, STREET, FAC E BUILDING, ETC) Zir.	LUCATION Site	er ar K.F.D. Na). CII	y or Town		County		21016
	lot work — at w	nrk	. 1 . 9	D is I	1.0	1.60		10	Z.) to	1	- 10	C : 4h:	A /15 /.	
	220 1 certify	deceased o	is nospito	ii) attende	d the deceose	ed from . 9 -{ V	and that in (m	, 17 <u></u> ' .v) (our) on	union death	occurred a	n the da	nu بــــــــــــــــــــــــــــــــــــ	ir and fr	ve) ia
	causes s	tated abay	e, (I) (we)	(did) (did	nat) view the	bady ofti	er death.	.,, (00., 0		01101100				V
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	_	160	22	mil	"Un	DI	EGREE PHYS	NG 🔀 i	MED. DIRECTOR	STAFF C	J Ja	n. 20,	,1968	j
	22d PHYSICIAN'S NAME (Type						22e ADI			1 1	13 3	. 1	3.6.5	
	имляс (түре	, F	lex R.	Mart:	in, M. I			N. Mar		reet,		rick,	MQ.	
230	BURIAL, CREMATI	ON, 23b.	DATE	30/0	23c. NAME OF	CEMETERY	OR CREMATORY		23d LOCAT	TON (City or To	(תשנ	(County)	lo12)	te)
	REPOYM DEPT	// Fe	D. 1,	TA98	St. Pa	uls	Luthera	n Cem.	Jeff	erson,	Mary	land	- selection	
24.	FUNERAL DIRECTO	R	vecal	ed	IN ADDRESS	721	eleg	2So. REC'D.I	BY REGISTRAR	1968 RE	GISTRARS	SIGNATURE	9	
	M. R.	Etchis	on &	Son, I	Frederic	k, Mar	ryland	DATE FE	4		7			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00910 00909 CERTIFICATE OF DEATH 1. DECEASED-NAME Last 20 DATE OF DEATH First Middle 2b. HOUR (Type or print) 0:30 DEULAH HYATT January physicion and campletely filled in by the fur-non please remove carbon popers. Pages 1 ovol, and in any event, within 72 hours after 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. rast buthday) Sept.21,1889 Female White The low requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country WIDOWED -DIVORCED [USA Frederick Maryland 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital TO, CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.)
Housewife INDUSTRY Frederick Mem. Hosp. Frederick or removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY 25915 Woodfield Rd. Damascus ntgomerv 14. FATHER S NAME 15. MOTHER'S MAIDEN NAME First M'ddle Phillip В. Souder Mary Emma Warthen 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, na, ar unknawn) [If yes give war or dates of service] 215-36-3515 Herbert S. Hyatt, Damascus, Md. the ottending phys APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: HOUTE TULHONARY HOUR IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HEART DISEASE signed by the burial-tronsit p ARTERIOSCLEROTIC Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR; After this certificate hos been detoched for use as the ie Dept. of Health prior to DIABETES YPOTHYROIDISH 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES [NO IST 21g. ACCIDENT WAS UNDERLYING by the hospital or 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street of R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from Mar. 28 , 19 67, to Jan. 7 , 19 68 , that (I) (we) last saw the deceased alive an Nov. 4 1967, and that in (my) (our) opinion death occurred on the date and hour and from the should causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR STAFF PHYS. 22e ADDRESS 22d PHYSICIAN'S Richard C. Reynold, M.D. Toll House Ave. Frederick, Md. NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)
Burial Jan.10.1968 Damascus Meth. Damascus, Md. 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb REGISTRAR'S, SIGNATURE

Olin L. Molesworth, Damascus, Md.

30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00910

1968

20911 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2n. DATE OF DEATH 2b. HOUR (Type or print) January GENEVIEVE PEACHER **JENKINS** 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR White Female July 21. 1.900 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED "Marvland Frederick Ropers U.S.A. DIVORCED . WIDOWED XT 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) ick Memorial Ho during most of working life, even if retired.) INDUSTRY completely face tarban pan Frederick Own Home 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before \$13c, CITY OR TOWN 13d INSTDE CITY 1/MITS? 13e STREET AND NUMBER odmission) STATE arvland 13b. COUNTY, ashing ton Pleasantvi [15] NO [RFD #1. Harpers Ferry. WV 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last RANDOLPH PEACHER MARTHA MILLS 17. INFORMANTDonald E. Jenkingaddress 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes po or unknown) 05-12-5467D 214 A St., Brunswick, Md. APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter any one cause per line for (g), (b), and (c).) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY 1 Wmmar IMMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) 00000 burial-transit nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCEFOR stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19g, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? has CAUSES OF DEATH? YES [DT ON FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21d MUJRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work at wark 22a. I certify that (1) (this hospital) ottended the deceased from 12/30/62 saw the deceased alive on 12/31/62 19 , and that in (mv . 19 , and that in (my) (pur) apinion death occurred on the date and hour and from the saw the deceased alive on... causes stated abave, (1) (welfdid) (did not) view the bady after death. 22h, SIGNATURE 22c DATE/SIGNED ATTENDING DEGREE DIRECTOR 22e. ADDRESS 22d PHYSICIAN S NAME (Type) Austin Pearre, Jr. Frederick. Marvland directar, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BUR AL CREMAT ON. 23b DATE (County) (State) REMOVAL;(Specify) Samples Manor Cemetery Samples Manor, 2So. REC'D BY REGISTRAR FAMERAL DIRECTOR 2Sb

30ml REV

24 haurs

requires that the death certificate be executed within



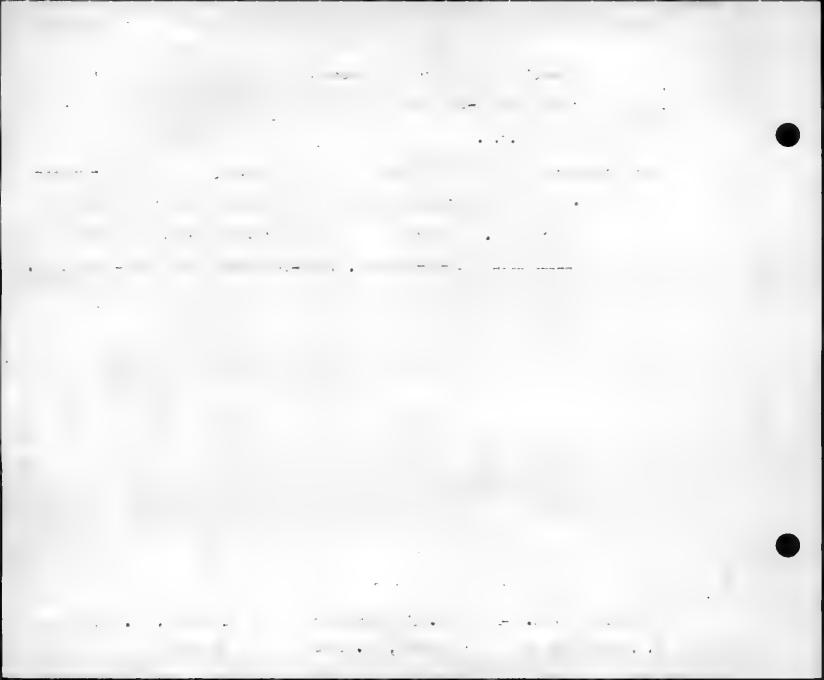
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physicion.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (in years lost birthdoy) 7. CHIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED 10. CHY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before last city or Town STATE 13b. COUNTY DEATH COUNTRY DEATH 13b. COUNTY DEATH 13b. COUNTY DEATH 13b. COUNTY DEATH 13b. SOCIAL SECURITY NO. 15 MOTHER'S MAIDEN NAME First Middle Lost 15 IS. MOTHER'S MAIDEN NAME First Middle NAME FIRST NAME	IND OF BUSINESS OR STRY ETTEE d Lost
3. SEX 4 RACE 5. DATE OF BIRTH 5. EPT. 7 - 1877 6. AGE (in years lost birthdoy) 7. BIRTHPLACE (State or foreign country) 7. BIRTHPLACE (State or foreign country) 7. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED 9. COUNTY OF DEATH 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 13. LEFT LEFT WIDER 13. COUNTY DEATH 13. COUNTY DEATH 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, no, or unknown) 16. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 10. COUNTY DEATH (Enter only one couse per line for (a), (b), and (c).) 10. COUNTY DEATH (Enter only one couse per line for (a), (b), and (c).) 10. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 13. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 14. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 15. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 16. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	I YEAR IF UNDER 24 HRS. DAYS HOURS HIM Md IND OF BUSINESS OR ETTEE d Lost
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TRECERCE Give street address Free Grant Gran	Covel Lost
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160. WAS DECASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or days of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Address MONE MARY BARTH Ellicatter	•
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no grunknown) (If yes give war or doles of service) NONE MARY BARTH Ellice TT C: T. 18. CAUSE OF DEATH (Enter only one couse per line (op(o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 md
Yes, no, or unknown) (If yes give war or dates of service) NONE MARY BARTH Ellice TT C: T. 18. CAUSE OF DEATH (Enter only one couse per line (of (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) VONE MARY BARTH Ellice TT C: T.	1 md
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Congreshive (Claux Failure)	
IMMEDIATE CAUSE (o)	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
485 > DUE TO, OR AS A CONSTQUENCE OF 1	
Conditions, if ony, which gove nse to immediate couse (o), (b) Burch green one of the first of the couse (o), (b)	
stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
(c) (c)	
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190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 206. IF YES, WERE FINDINGS CONSIDERE CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OF INJURY OF INJURY 121c. HOW INJURY OF INJURY 190. THE PORT OF I	D IN CERTIFYING
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
G (If either, notify medical examiner) P.J. 19 214 INDUPY OCCUPED 1216 DIAGE OF INDUPY AND HOME FARM STREET SACROSTY) 215 ADVANCES OF D. No. 10 County December 1216 DIAGE OF INDUPY OCCUPED 216 DIAGE OF INDUPY AND HOME FARM STREET SACROSTY) 215 ADVANCES OF D. No. 10 COUNTY OCCUPED 1216 DIAGE OF INDUPY AND HOME FARM STREET SACROSTY) 215 ADVANCES OF D. No. 10 COUNTY OCCUPED 1216 DIAGE OF INDUPY AND HOME FARM STREET SACROSTY) 215 ADVANCES OF INDUPY OCCUPED 1216 DIAGE OF INDUPY AND HOME FARM STREET SACROSTY) 215 ADVANCES OF INDUPY OCCUPED 1216 DIAGE OF INDUPY AND HOME FARM STREET SACROSTY) 215 ADVANCES OF INDUPY OCCUPED 1216 DIAGE OF INDUPY OCCUPED	
While Now while No. Constitution of the State of No. Constitution of No. Const	Stote
	that (I) (we) last
saw the deceased alive an 1/14 1968, and that in (my) (aur) apinian death accurred an the date and	hour and from the
causes stated above, (I) (we) (did) (did nat) view the bady after death.	
226. SIGNATURE ATTENDING MED. STAFF TO THE SIGNATURE	NED
DEGREE PHYS. A DIRECTOR D STAFF DIAN. 15	NED
DEGREE ATTENDING MED. DIRECTOR	, 1968
DEGREE ATTENDING PHYS. DIRECTOR DIRECTO	, 1968
DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRE	1968 . Md. (Store) 1976



10M REV 1





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00915 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH requires that the dillath certificate IIII executed within 24 hours affili death. - Heart (Type or print) Month end physician ond completely filled in by the funeral en pleose remove carbon papers. Page 1 end ovol, and in any event, within 72 hours after deal FRANK A. MAIN January S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years lost birthday) Nov. 8, 1911 Male White 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8. MARRIED 🔼 NEVER MARRIED 🗍 WIDOWED [DIVORCED [Frederick County U. S. A. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)
Frederick Memorial Hospital Frederick 130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Maryland Trederick YES 🐙 Lewistown 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Middle First Middle Last Main Annie Luther M. 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, ar unknown) 218 09 0895 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) signed by the ottendi burial-tronsit permit. arcinomatosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Hypernen hromen rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) affending the Health prior to certificate has been 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190 DATE OF OPERATION CAUSES OF DEATH? YES 🖂 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, notify medical exominer) / AT HOME, FARM STREET, FACTORY, 1 21F LOCATION Street or R.F.D. No. 21d INLURY OCCURRED 21e. PLACE OF INJURY City or Town While Nat while at work O FUNERAL DIRECTOR: After this 22a. I **certify** that (1) (this hospital) attended the deceased from 12/27/67, 19 saw the deceased alive on 111/68 19, and that in (my) (our) or r, page 3 should to be filed with the S be retain.

30M REV

Frederick County 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if refired.) INDUSTRY Farming Frederick. Lewistown, Route Md. Wickless Mrs. Lova Main, Route 3, Frederick, Maryland 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) County State _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22c DATE/SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Toll House Ave. Frederick Maryland director, Austin Pearre, Jr. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. EOCATION (City or Town) (State) 23a. BURIAL, CREMATION, REMOVAL (Sprofy) Jan. 15, 1968 Mount Olivet Cemetery Frederick, Maryland 2Sb REG STRAR'S SIGNATURE 25a RECD BY REGISTRAR 24 FUNERAL DIRECTOR DATE JAN M. R. Etchison & Son, Frederick, Maryland

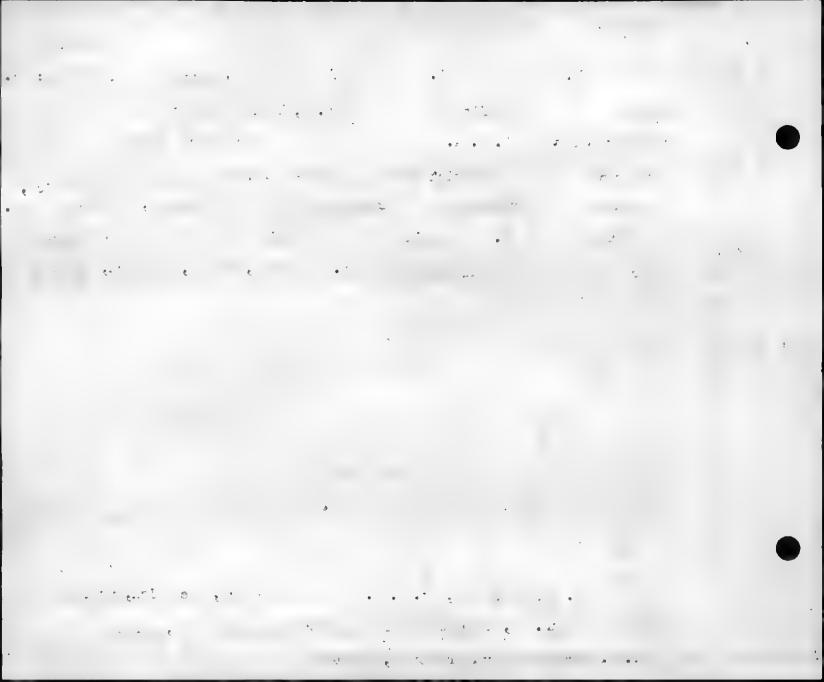
2b HOUR

HOURS

IF LINDER YEAR

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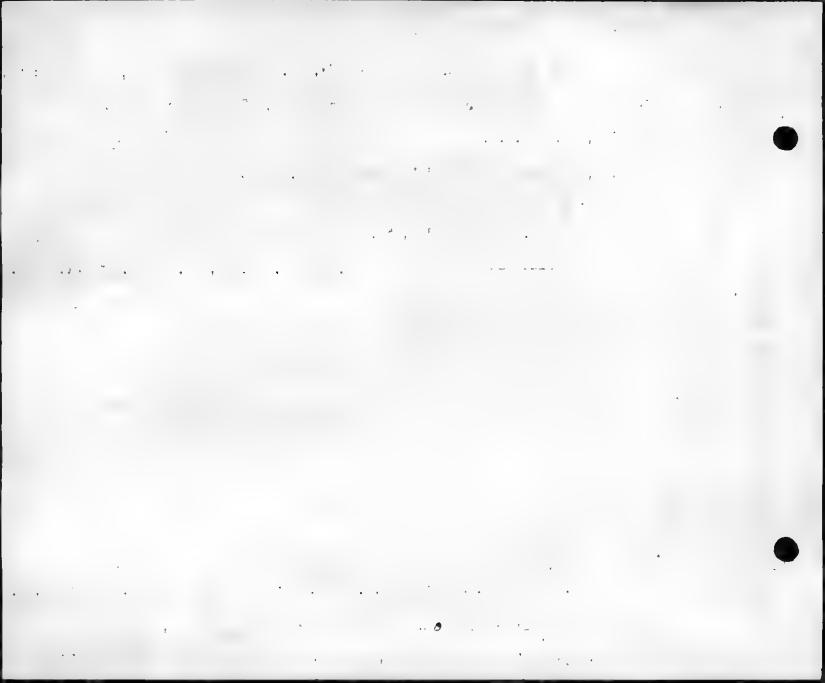
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hays other Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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				CERTIFICATE OF	DEATH			000, 40
and 2 death:	1 DECEASED-NAME (Type or print)	PAUL	Middle L.	MILLER.	JR.	Januar OF DEATH	2° 190	26 HOUR 68 12:05pm
The fu	3. SEX Male	4. RÁCI	White	s. date of e Janua	Birth 1ry 2, 196	6. AGE (In ye lost outlido	POTS IF UNDER 1 YES	IF UNDER 24 HRS BY HIGHES THE STREET STREE
d in ty pers. 72 hau	70 BIRTHPLACE (Sto	ck, Md. U.S	N OF WHAT COUNTRY?	(max)	ORCED 🔲	Frederick		Md
ompletely filled in by the fu ve carbon papers. Pages event, within 72 haurs after		ck, Maryland	11. NAME OF HOSPITAL OR IN give street oddress) Frederick	Memorial Hos	during most o	CCUPATION (Kind of world of working life, even if re	k done 126, KIND stired) INDUSTRI	OF BUSINESS OR None
completave car	130 USUAL RESIDEN odmission) STATE	CE (Where deceosed lived, i Maryland 13b. C	f institution: Residence before DUNTY Frederick	1	AEZ NO NO		Ath Stree	
n and cse remo	14 FATHER'S NAME Paul	L L.	Middle Lost Miller,	Sr.	NAIDEN NAME First Patsy	Boyer	iiddle	Lost
physicia sn plea: ıval, an	16o. WAS DECEASED Yes, no, ecunkno	EVER IN U.S. ARMED FORCE:			1 L. Mil	ler Sr. 12	dress 4 W. 4th 5	St. Fred.
by the ransit premati	PART I D	DUE only, which gove	TO, OR AS A CONSEQUENCE OF		1 clek	ive	APP BETWE	RÖXIMATE INTERVAL EN OMSET AND DEATH
as been sign e as the buri h priar ta buri	190. DATE OF O		ONTRIBUTING TO DEATH BUT N FOR WHICH OPERATION WAS PE		OPSY?	20b IF YES, WERE FIN CAUSES OF DEATH?		N CERTIFYING
DECTOR: After this certificate has been signed by the attending physician ge 3 shauld be detached for use as the burial-transit permit. Then please ge 3 shauld be detached for use as the burial-transit permit. Then please ge 3 shauld be detached for use as the burial-transit permit. Then please ge 3 shauld be detached for use as the burial-transit permit. Then please ge 3 shauld be detached for use as the burial-transit permit. Then please ge 3 shauld be detached for use as the burial-transit permit. Then please ge 3 shauld be detached for use as the burial-transit permit. Then please ge 3 shauld be detached for use as the burial-transit permit. Then please ge 3 shauld be detached for use as the burial-transit permit. Then please ge 3 shauld be detached for use as the burial-transit permit. Then please ge 3 shauld be detached for use as the burial-transit permit. Then please ge 3 shauld be detached for use as the burial-transit permit. Then please ge 3 shauld be detached for use as the burial-transit permit. Then please ge 3 shauld be detached for use as the burial-transit permit. Then please ge 3 shauld be detached for use as the burial-transit permit. Then please ge 3 shauld be detached for use as the burial-transit permit. The property of the property of the please ge 3 shauld be detached for use as the burial-transit permit per	₹ □ OR CONTRIBUT	NG CAUSE OF DEATH HOLE fy medicol exominer)	TIME OF INJURY JR A.M. Month Doy Yeor P.M. I INJURY (AT HOME, FARM, STREET, FA	21c. HOW INJURY OF	CURRED (Enter not	City or Town	-	State
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DIRECT age 3 sh illed with	22b. SIGNATUR	C1, 8.		DEGREE ATTEND PHYS.	DIREC	TOR STAFF PHYS.	22c. DATE SIGNED 1 1 → 2 → 1968	
To FUNERAL DIR	NAME (Ty	pe) Dr. Charle		M.D. Fr	ederick l	Medical Cent		
5 in the second	230. BURIAL, CREMA REMOVAL (Spe- BUT) a 1 24. EUNERAL DIRECT	(ofy) 1+3+19	-72x	Olivet Cemet		Frederick. 1		(Stote)
VR A15'44 30M REV. 1788	Robert		Carry	ck, Maryland	1 / 1 / 1	8 196B	Charles &	1500



L INARY	tems 18, 21,22 film39'MARYLAND STATE DEPARTMENT OF HEALTH							
FOR STATE	Division of vital records, 301 w. preston street, Baltimore, Maryland 21201 Film G397 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OO91	17						
HEALTH DEPT	DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Yeor (Type or Print) Charles James Joseph Morgan DEATH MATER 1-12 194	25 HOUR						
3000	3 SEX 4 RACE 5 DATE OF BIRTH 1 906 o AGE (in years F UNDER YEAR IF UNDER 24 HES 2c DATE PRONOUNCED DEAD	2d HOUR						
	Male White 15 June 1901 61 YRS MONTHS DAYS MOURS MAIN MONTH DOTY YEAR 1968 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9 COUNTY OF DEATH	3 M						
es J. form te De	(dountry) Maryland U. S. WIDOWED DIVORCED Frederick	Md						
death e Pages with far he State	O CITY OR TOWN OF DEATH Frederick 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired) WDUSTRY CONSTRU							
certificate should be executed within 24 hours after death any de suriting the ward "pending" in pencil in item 18 Give Pages 1, 2, and farwarded to the Chief Med.cal Examiner's Office along with farm PMS. used as a burial-transit permit. It is pages I and 2 with the State Departmemaval, and in any event within 72 hours after death	Odmission) STATE Maryland 36 COUNTY Frederick STATE Maryland 36 COUNTY Frederick Frederick YES X NO 423 S. Market St.							
hin 24 hours notl in Item 1 niner's Office pages Land 2 haurs after d	4 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last						
hin 24 th noted in th niner's C pages 1 haurs a	Charles Morgan Jennie Lowe 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS							
wethin pencil xaminei ile page 72 hau	(Yes no ar unknown) ((fives gove war or dates of service, 214-10-1398) Mrs. Annabelle B. Morgan (Same as item	#13)						
ecuted with ling" in per edical Exam ermit. Tile p within 72	18. CAUSE OF DEATH (chief only one couse per line per (a), (b), and (c).)	NATE INTERVAL						
be executed "pending" in itef Med.cal E nosit permit. event within	IMMEDIATE CAUSE (o) UNICT JOURNAL OF DUE TO, OR AS A CONSEQUENCE OF	TOMIL						
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iting iting ardec d as								
This certificate ficate, writing the be farwarded to de be used as a bar ar remaval, and	196. CONDITION FOR WHICH OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTO YES [2.0 EXTERNAL CAUSE WAS 2.10 T ME OF INUJRY Month, Doy, Yeor 2.11 HOW INJURY OCCURRED (Enter noture of in Jay in Part 1 or Port 2, them 18)	₹, NO □						
This ifficate, I be fa		A []						
INER: T an certification should be files 3 should or notion, ar	CAUSE OF DEATH PAINKNOWN 19 fell down steps	· · ·						
	21d INJURY OCCURRED 21e PLACE OF N.JRY (At home, form, street, AT WORK	Stote						
AL EXA execute or Page J for you FOR: Page urial, cre	220 1 certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opin on							
bical EXAM lease execute th director Page 4 etained for your DIRECTOR: Page ir to burial, crem	deoth resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined monner							
	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE SIGNED							
- 0 TI OE	EXAMINER'S ROBERT JOTHOMAS, M. D. DEPUTY MEDICAL EXAMINER 12 Jan 196	8						
O DEPUTY necessary, the funera 5 may be 0 FUNERAL Health pri	NAME (Type) 812 TOTI HOUSE AVENUE . ADDRESS(Street, city, town, or county) 230 BURIAL, CREMATION, FROM Maryland 26 (AMM) OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(Stote)						
	Burial 1/16/68 Mount Olivet Cemetery Frederick-Frederick-Ma	, ,						
VR A15ME (5)	M. R. Etchison & Son, Frederick, Md. 21701 250 RECD 87 REGISTRAR 3 SIGNATURE DATE ADDRESS DATE OF THE STATE	age.						

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00918

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CERTI	FICATE	OF DEATH

					EKIIFI	CAIL OF	DEATH					
	CEASED-NAME (pe ar print)	First ELSYE	LEO	Middle NARD	MORGA	Last NTHALL		Janu	F DEATH Lary ^{Manth}	3 Day	1968	2b. HOUR 11:30am
SE)	emale		4. RACE White			S DATE OF B	ery 18,		6 AGE (In		IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS
Ba	IRTHPLACE (State a Altimore TY OR TOWN OF E	Md.	U.S.A.	OUNTRY? OF HOSPITAL OR INST	WIDOWED		RCED 📄		rick.	ark dane	126 KIND OF	Md. F BUSINESS OR
Fr	ederick		dine Lite	derick M	lemori	al Hos	dunkano	st of Book	keepei	retired)	INDUSTRY	ie
admis	isian) STATE M	aryland		ederick	Fre	r town derick	YES NO	□ 91	9 Shav	mee I	Drive	
14. FJ	Albert	First N. I	Middle eonard	Last	1	is. mother's m :Nett	Alden name fir Le Sea			Middle		Lost
16a. Ye	WAS DECEASED EV es, na, or unknown NO	ER IN U.S. ARMEE	FORCES? 16b.	SOCIAL SECURITY N	0. 17 N		othy E		uff 51	Address Go	odnow	Street
	18. CAUSE OF DE PART 1. DEAT Canditions, if any rise to immediat stating the under last.	TH WAS CAUSED E IMMEDIATE X y, which gave) te cause (a),(DUE TO, OR AS A	CONSEQUENCE OF	†**\~ <u>*</u>	n R	Busas	twet				CHARTE INTERVAL ONSEL AND GEATH ONSEL AND GEATH
	,		TIONS CONTRIBUTING							` '		
CERT, FICATION	19a DATE OF OPER	ATION 196. CO	NDITION FOR WHICH O	PERATION WAS PER		20a. AUTO YES⊅	NO 🗌	CAUSI	S OF DEATH?		ONSIDERED IN C	LEKTIFYING
DICAL	21a ACCIDENT W or contributing (If either, natify r	CAUSE OF DEATH	HOUR A.M. Me	anth Day Year			CURRED (Enter		ury in Part 1	ar Part 2, I	tem 18.)	
	111146 (181 41)	IRIGE	ACE OF INJURY (AT H						y ar Tawn	1-	Caunty	State
L	causes si	that (I) (this deceased aliv tated abave, (haspital) attende e an l) (we) (did) (did	d the decease ———————————————————————————————————	d_from_ 9_6_S_, an oady after	id that in (m death.	iy) (aur) apın	∴, ta iian death	accurred o	, 19_ in the da	te and haur	t (I) (we) last and fram the
	22b. SIGNATURE	3-16	m	ut M.	D. DEG		NG K ME	D. RECTOR	STAFF [S-1968	
	22d. PHYSICIAN S NAME (Type)	Dr. Rex	R. Marti		M.D.		N. Mai				ck, Ma	ryland
	BURIAL, CREMATION BUNDAL (Specify)	16-	1968			Cemete	:y	Wayne	ION (City or T sboro	Penr	(County) 1 sylvan	(State) L i a
24 J	Roberv 1		to Son	ADDRESS	ck. N	ld.	25a. REC'D BY	REGISTRAR	1968 R	EGITTAR	EICHAINSE A	nog2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled of by the record director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages Tand 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours after death. VR A15 [4] 30M REV 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the hospital or attending physicion.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		00360		CEI	RTIFICATE OF DEATH	1	00313
1		ECEASED-NAME (Type or print)) Y 4	Middle EDNA	Nash	20 DATE OF DEATH	2 8 Doy 19681601 315A N
the right is affer	3. SE	×	4 RACE	V	s. date of birth 9 (2 f)	6. AGE (in y last birthd	years IF JHDER 1 YEAR IF LINDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
d in	COU	BIRTHPLACE (State or foreign ntry) MARYLAND	76. CITIZEN OF WHAT CO	V	MARRIED NEVER MARRIED VIDOWED DIVORCED	9. COUNTY OF DEATH FREDERIC	* K Md
Icate has been signed by the attenuing physician and completely filled in by the far use as the burial-transit permit. Then please remave carbon papers. Pag Health priar to burial, are matian, ar remaval, and in any event, within 72 hours.	<i>B</i> /	USUAL RESIDENCE (Where deceo	GHTS give street	oddress)	É CITY OR TOWN 13d. INSIDE, CI		rk done 125 KIND OF BUSINESS OR INDUSTRY MBER 125 KIND OF BUSINESS OR INDUSTRY OWN HOME
remave		FATHER S NAME First	Middle	DERICK V.	IS MOTHER'S MAIDEN NAM		Middle Last
ysician c please al, and ir		. WAS DECEASED EVER IN U.S. AR		ER SOCIAL SECURITY NO. 19-36-452	SUSETTE 17 INFORMANT 6 PAUL M N	A	ddress
the attenling physician and isit permit. Then please remnation, ar remaval, and in an		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST IMMED	nly one cause per line for	(a), (b), and (c))	venza		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 degr
by the att ransit per rematian,		Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse	[0]				*
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kate has been far use as the Health priar ta	CERTIFICATION		. CONDITION FOR WHICH O	PERATION WAS PERFO	RMED 20a. AUTOPSY? YES NO	20b IF YES, WERE FI CAUSES OF DEATH?	INDINGS CONSIDERED IN CERTIFYING
this curtificate letoched far u	MEDICAL CE	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	HOUR A.M Mo	onth Day Year 19	,	inter nature of injury in Port 1 o	
offer this curf	W	at work of work	PLACE OF INJURY (AT HO				County Stote
* TS 0		saw the deceased causes stoted obov	nis nospital) offende alive on/ e,(I) (we)(did)(did	a the deceased 2 /6 196 not) view the boo	, and that in (my) (our) ly ofter death.	opinian death accurred or	, 19 6 , that (I) (we) las n the date and hour ond from the
To TINERAL INFECTOR. director, page 3 should should be filed with the		22b SIGNATURE	School	Eucen H	DEGREE PHYS 2	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED 1/2-8/68
NERAL tor, pou		22d. PHYSICIAN'S NAME (Type)	P SCHOO		22e ADDRESS BBADO		HTS
To Edirect		BURIAL, CREMATION 23b REMOVAL (Specify)	DAJE 1/68	23c. NAME OF CEN		23d. LOCATION (City or To FREDER D BY REGISTRAR 25b. RE	4- 1
30M REV. 1/68	24.	OD Hartslin	Y Sous	Feberten		AN 3 1 1968	Clientes Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00920 30921 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a. DATE OF DEATH 26 HOUR (Type or pont) Manth H. Charles Norris Jan. :15PW S. DATE OF BIRTH 3 SEX 4. RACE 6 AGE (In years last birthday) Male White April 13, 1893 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED (duntry) Va. TISA WIDOWED [7] DIVORCED [Frederick ID CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR give street oddress)
Frederick Mem.Hospital during most of working life, even if retired.)
Carpenter INDUSTRY Frederick Building 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Mt. Airy YES RFD# 3 Maryland 14 FATHER'S NAME Last IS, MOTHER'S MAIDEN NAME First Charles Martha Ellen Norris Mann 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) (If yes give war or dates of service) 214-18-1092 Mrs Zurah Norris, R# 3. Mt. Airy 18. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes lost. 4201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO Ex 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)

Clagettsville, Md.

OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 210 PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town

State County

While Nat while at work 22a I certify that (I) (this hospital) attended the deceased from 12 (31, 196), ta 220 1, 1966, that (I) (we) last saw the deceased alive an 1706819, and that in (my) (aur) opinion death accurred an the date and hour and from the

causes stated abave, (1) Liwe) (did not) view the bady after death,

ATTENDING PHYS

MED DIRECTOR

22c DATE SIGNED

NAME (Type) 230 BURIAL CREMATION REMOVAL (Specify)

22b. SIGNATURE

22d. PHYSICIAN'S

23b DATE

Austin Pearre, Jr. M.D.

804 Toll House Ave., Frederick, Md. 23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

Montgomery Meth.

23d. LOCATION (City or Town)

(County)

24 FUNERAL DIRECTOR

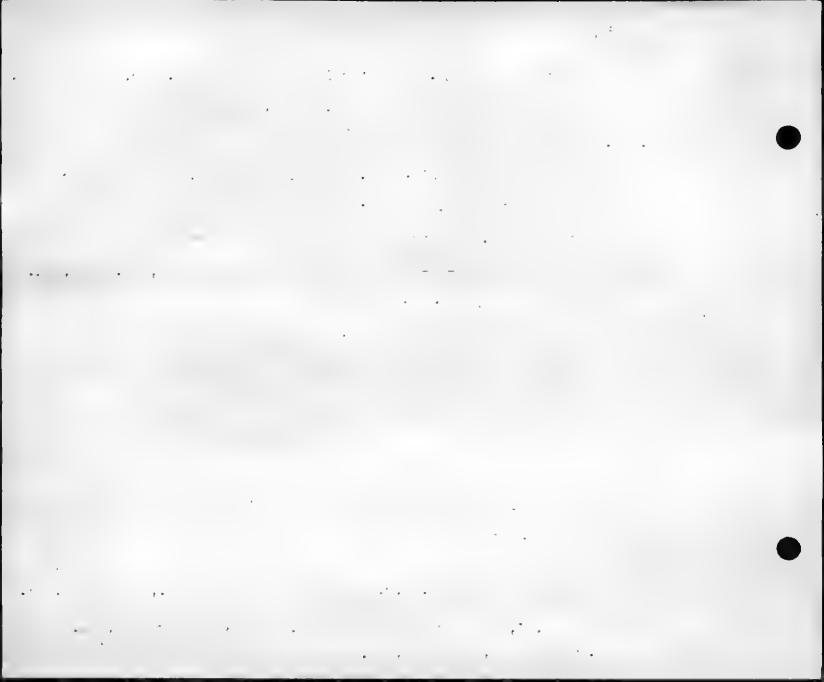
Jan -13,1968 **ADDRESS** Olin L. Molesworth, Damascus, Md.

2So. REC'D BY REGISTRAR

256 REG STRARS SIGNATURE Charles Judge

requires that the death certificate be executed within 24 haurs after by the attending physician and co transit permit. Then please remay crematian, ar removal, and in any signed by the burial-transit p burial, crematis be retained by the haspital or attending physician , page 3 should be detached for use as the be filed with the State Dept. of Health prior ta has been O FUNERAL DIRECTOR: After this certificate director, should be

and completely filled remave carbon pape

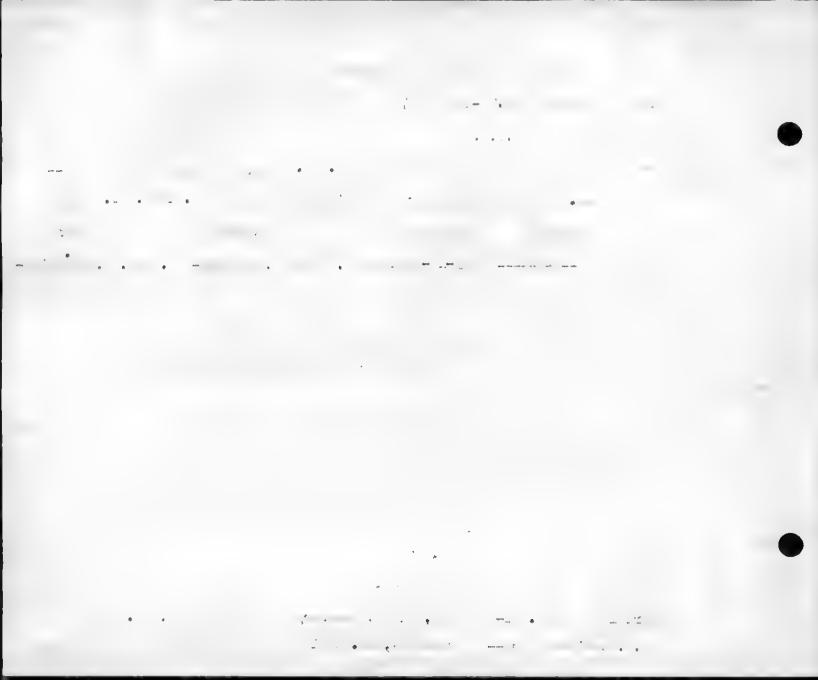


Frederick. Md.21701

25b REGISTRAR S S GNATURE

VR ATSME 10M REV. 1768

M.R. Etchison & Son-



5 may be retained for your files.

VR A15ME (5) 10M REV

TO DEPUTY

00023

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00922

	ECEASED NAME Type or Print)	First		M+ddle	lost		2e. DATE KNOWN Menth	
		Carr	ie	Elizabeth	Offor	ď	DEATH MATED 🔲 📥	1968 ? M
3 SI	EX	4 RACE	S DATE OF BIRTH	6 AGE (in year last birtheav)	F JNDER YEAR	IF UNDER 24 HRS	2c DATE PRONOUNCED DEAD	2d HOUR
F	emale	Negro	6-16-18	86 81 V	RS.		Month 103	Yeor IN 681 Am
7o 1	BIRTHPLACE (Stote	e or foreign 7b	CT ZEN OF WHAT C	OUNTRY? 8. A	AARRIED NEVER MA	RRIED 7. CO	UNTY OF DEATH	
coun	Md Md		U.S.A.				rederick	Md.
10. 0	CITY OR TOWN O	F DEATH		OF HOSPITAL OR INSTITUTI	ON (If not in hospital		CCUPATION (Kind of work done	
LL	ime Ki	lm	Rt 2	? Frederic	k	Dom	of working life, even if retired.)	INDUSTRY
				Residence before 13c. C	TY OR TOWN	3d. INSIDE CITY LIM TS?	13e STREET AND NUMBER	
04	dm ssion) STATE	Md	13b COUNTY FT	rederick I	ime Kilr	YES NO X	Rt 2 Fred	erick, Md
14. F	FATHER S NAME	First	Middle	Last	IS MOTHER'S MAI	IDEN NAME First	Middle	Lost
	Ch	arlev	NMN	Hall	Carol	line	NMN	Truman
	WAS DECEASED EV	'ER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	es, no, or unknov	(If yes give wo	or or dates of service)	6-22-7659	Carolin	ne Bowie	e Rt.2 Fred	erick.Md
	18 CAUSE DE	DEATH (Enter only	one couse per line fo			:		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. D	EATH WAS CAUSED	BY		uffocati	on		SCIWELL ON A PROPERTY
	x 41) //	E CAUSE (a)	A CONSEQUENCE OF				
	Conditions, if c	ny, which gove	DOL TO, OK AS A	Ca	arbon Mo	noxide	Intoxication	n
	rise to immed	rote couse (o), ((b)	A CONSEQUENCE OF				
	stoting the un	iderlying couse	DUE TO, OK AS I	A CONSEQUENCE OF				
		,	(c)					
		SIGNIFICANT CONDIT	ONS CONTRIBUTING 1	TO DEATH BUT NOT RELATE	D TO THE TERMINAL E	DISEASE OR COND TH	ON GIVEN IN PART 1(0)	
8	7160							
Į	190. DATE OF O	PERATION	19b.	. COND.T.ON FOR WHICH C WAS PERFORMED?	PERATION			20 AUTOPSY?
CERTIFICATION				THAS PERFORALLOS				YES NO 🔀
1 ag	210 EXTERNAL			RY Month, Day, Year	21c HOW INJURY OF	CCURRED (Enter not	ure of injury in Port 1 or Port 2,	Item 18)
MEDICAL	CAUSE OF DEAT	R CONTRIBUTING	HOUR A.M.	19	F	ire		
¥	21d INJURY OC	CURRED 21e. PL	ACE OF INJURY (At he		21f. LOCATION Street		City or Town	County State
	AT WORK	OT WHILE TO FOCK	ory, office building, et Home	(c.)	L	ime Kil	n Maryland	
				emains described abo	ive, held an Auto	ipsy 🗀. In	nspection 🔀 Inquiry	, and in my apinian
		sulted from:		Accident x		Hamicide 🗌	Undetermined manner	
		00 -	a- 021	/		EF MEDICAL EXAMIN	" —	
	ACTUAL	Other	V All	1ALLIAL)		SISTANT MEDICAL EX		E SIGNED
	SIGNATURE _	7 1			m v	PUTY MEDICAL EXAM		-15-68
	EXAMINER'S NAME (Type)	Rob	ert J.	Thomas, M.			rown, or county) 812 To	
230	BURSAL, CREMA	TION, 23b E	DATE	23c. NAME OF CEMETE				eper lek (State) Md.
	REMOVAL (Spec	ifv)				250		~
74	Burial FUNERAL DIRECT		16-68	Hopehill ADDRESS		2So. REC'D BY RE		erick Md
			7 5	adamial: I	1.3	DATE JAN		carles Indee
a .	() M	170320 IT	14 99 /	00000000	110	TURE TRUE	AU IUUU	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.



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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00923
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month	
v d a A	(Type or Print) Harry Edward Offord DEATH MATED 1	15 1968 ?
\$ 50 P	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years 4 UNDER 1 VEAR 1 IF UNDER 24 HRS 2c, DATE PRONOUNCED DEAD	2d HOUF
delay and 3 f3. To tment	lost bethdoy) MONTHS DAYS MONES MIN BALLER	Year
	The state of the s	168 1 70
	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Poges T., Any Will form P. P. Stofe Beport	To BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Frederick	M
death with f	10 City OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired)	12b KIND OF BUSINESS OR
fer de Give ong wonth the the	Llime Kiln Rt 2 Frederick Md Brick Yard Labor	36-36-36
after of 8. Give along verified the	13a US.A. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER	
thours after de frem 18. Give F Office along wi lond 2 with the offer deoth	adm ssian) STATE Md 136 COUNTY Frederick LimeKiln YES NO X Rt 2 Frede	rick, Md
hours Hem 1 Office I ond 2	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
24 h	Richard Harrison Offord Lucy NMN	Jayson
hin 24 nc.l in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	o ay 5 off
I within 24 in pencil in Examiner's File pages in 72 hours	(Yes, no, ar unknown) (if yes give war or dates of service) 216-22-7659 Caroline Bowie Rt 2 Fred 6	and old Ma
Exam Exam File 1.72	18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
be executed "pending" in hief Medica. E. Dasit permit Fevent within	PART 1 DEATH WAS CAUSED BY IMMEDIATE (a): PART 1 DEATH WAS CAUSED BY IMMEDIATE (a): Suffocation	BETWEEN ONSET AND DEATH
e execut pending ef Medici isit perm	IMPLEME CHOSE (0)	
ent f	Conditions, il ony, which gave) DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Intoxication	
e d Pier	nse to immediate cause (a). (b)	
should be executed e word "pending" in the Chief Medica.	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
- 	lost (c)	
\$ = T	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
his certificate ate writing the e forwarded to be used as a l removal, and	Z I''	
nis certificate writing in forwards os used os removal.	190 DATE OF OPERATION 190 COND T ON FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter not are of injury in Part 1 or Part 2, 1)	20 AUTOPSY?
2 9 2 E	WAS PERFORMED?	YES NO TO
		em 18)
Certificant onld les. Should should les.	PRIMARY OF CONTRIBUTING HOUR A.M CAUSE OF DEATH PM 19 Fire 21d NUMBY OCCURRED 12 to PLACE OF INJURY (At pages form street) 215 LOCATION Street or PED No. (three Town)	
INER: Te certific should by files. 3 should interpreted of the certific should by the certific should shoul	21d NJURY OCCURRED WHILE NOT WHILE NOT WHILE Street or RFD No. City or Town City or	County State
EXAMINER: tute the certificate of the standard	where not white of foctory, affice building, etc.) At WORK AT WORK AT WORK THOME	,
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Dice to be to be to be	death resulted from Natural causes . Accident . Syicide . Hamicide . Undefermined manner	
dure control of the c	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
TY p e	SIGNATURE CO DECEMBER 1220 DATE	
Sor		5-68
o DEPUTY necessory, the funerol 5 moy be 0 FUNERAL Health pri	NAME (Type) Robert J. Thomas, M.D. ADDRESS(Street, cty, town, or county) 812 T	oll House
5 # 7 D # 7	230 BURIA, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town)	(County) (State)
	Burial 1-16-68 Hopehill Freder	rick. Md
NAY.	24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR'S	
VR A15MB SV	C.F. Hicks. 111 Frederick, Md DATE JAN 16 1968 Kola	arles Judge.

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3. 1		DIVISION OF VIT	MARYLAND STATE AL RECORDS, 301 W. PF			IAND 21201			
FOR STATE	80925		EDICAL EXAMINER			LAND 21201		0.09	124
HEALTH DEPT.	1. DECEASED-NAME	First	Middle	Lost		20 DATE KNOW	Manth	Day Year	2b HOU
\$ 5 8 5 m	(Type ar Print)	James	C.	Reed,		OF ESTI- DEATH MATE		1 196	8 8
2, and 3 to PM3. Page partment-of	3 SEX IVI			In years IF UNDER I YEAR rithdey) MONTHS DAYS 7 YRS 8 22	HOURS MIN	2c. DATE PRONO Month	UNCED DEAD Poy	Yeor 19 62	2d. HOU
A	70 BIRTHPLACE (Stote country) IVId.		of What Country? S. A.			inty of death Frederi	ick Co.		٨
the state of the s	To. CITY OR TOWN OF Frederi		11. NAME OF HOSPITAL OR INS	lotick Mem.	120 USLA, 00 during most a	CUPATION (Kind of working life, ev Farmer	of work done on if retired)	126 KIND OF B INDUSTRY Fa	usiness or
	130 USUAL RESIDEN odmission) STATE	CE (Where deceased I ved, if IVId. 13b COL	institution Residence before I		A INSIDE CITY LIMITS? 1 YES X NO	13e STREET AND	MINNER	erson,	
4 hours Iftem 18 S Office S office after d	14. FATHER'S NAME		Middle Lost C . Reed	15. MOTHER'S MAI		es	Middle		lost an
within 24 pencil in xaminer's ile pages 72 hours	160. WAS DECEASED EN (Yes, po. or unknow NO	/ER IN U.S. ARMED FORCES? Vn) (If yes give war or dates of s	16b. SOCIAL SECURITY NO 220-34-45		liam(dau		DORESS Silver S		
s certificate should be executed within 24 hours e, writing the ward "pending" in pencil in Item I farwarded ta the Chief Medical Examiner's Office used as a burial-transit permit. File pages I and 2 emaval, and in any event within 72 hours after d	IB. CAUSE OF	DEATH (Enter only one couse DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	e per line for (a), (b) and (c))	d Chrisic	Corgest .	e Hast	Falu		IATE INTERVAL ISET AND DEATH
d be ex d "pend Chief M fransit p	rise to immed	iny, which gove) liote couse (o), (TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF	clerote Cu					
certificate shauld be e writing the ward "per inwarded ta the Chief ? issed as a burial-transit naval, and in any even	lost 42	al /	()				-		
verificate writing the control of th		Memoria			IISEASE OR CONDITIO	ON GIVEN IN PART	1(0)		
This certificate isote, writing the be farwarded to do be used as a bor remayal, and	190. DATE OF C		196 CONDITION FOR WE WAS PERFORMED?					20 AUTOS	
E		R CONTRIBUTING [H	ME OF INJURY Month, Day, Year OUR A.M. P.M. 19	21c. HOW INJURY OC	CURRED (Enter notu	ire af in Jry in Por	rt 1 or Port 2, It	em 18.)	
(AMIII) le the fee to the four four four four four four four four	WHILE CO.	CURRED 21e PLACE OF IN 01 WHILE factory, affice	JURY (At home, farm, street, building, etc.)	21f LOCATION Street	orRFD No	City or Towi	n	Caunty	Stote
AL EXECUTAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE P			e of the rema ns described		psy, Ins Hamicide	spectian X.	Inquiry [], and in	my apinia
<u>a</u> "	ACTUAL	Robert O	Manan	CHIE	EF MEDICAL EXAMINI STANT MED CAL EXA	ER 🔲	22b. DATE	SIGNED	
necessary, plane funeral (5 may be re ro Funeral I)	SIGNATURE EXAMINER'S NAME (Type)	ROBERT J. () 812 Toll House	OMAS, M. D.	DEP	UTY MED CAL EXAM! DRESS(Street, city, to	NER 🗶		-1-6	8
10 = = 20 T	230 BURIAL CREMA REMOVAL (Spec Burial	no redenick pakeran	yland 213/Ollme OF CI 8 Par	METERY OR CREMATORY klawn		totation (Ciy o		(County)	(Stote) y, Wd.
YR A15ME	24 FUNERAL DIRECT		7557 Wisco Rethesda,	nsin Ave.	2SO REC D BY REC	5 1968	b REGISTRAR S		1.00
10m KC # 1700					JAN	-0-1300	1	100	7



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30926 00925CERTIFICATE OF DEATH DECEASED NAME First Midd e Lost 2a, DATE OF DEATH (Type or print) Alda Susan Shank 4 RACE S DATE OF BIRTH 6. AGE (In years F UNDER TYEAR 3 SEX last birthday) MONTHS HOURS White Sept.4.1879 Female 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH requires that the death certificate be executed within 24 hau 7a, BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED papers hin 72 h DIVORCED [Frederick WIDOWED TY Marvland signed by the attending physician and campletely filled bural-transit permit. Then please remave carban pape 1D CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126, KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Frederick 0vn Home House I3e, STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? odmission) STATE harvland 136 COUNTY Frederick Middletowns A West Main Street 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First M ddle Last Last Souders George Washington Susan Carson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address West Main St. Yes, no, or unknown) Middletown Md. Catheringhank 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO F 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 218 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from March 7, 1964, to 13, 1968, that (1) (we) last saw the deceased alive an 13, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the be retained causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURI ATTENDING DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIÁN'S 22e. ADDRESS director, pur Professional NAME (Type) T. Davis eRov 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) Middletown Fred. Lutheran Cemetery Md. letown25a. REC'D BY REG STRAR 24. FUNERAL DIRECTOR

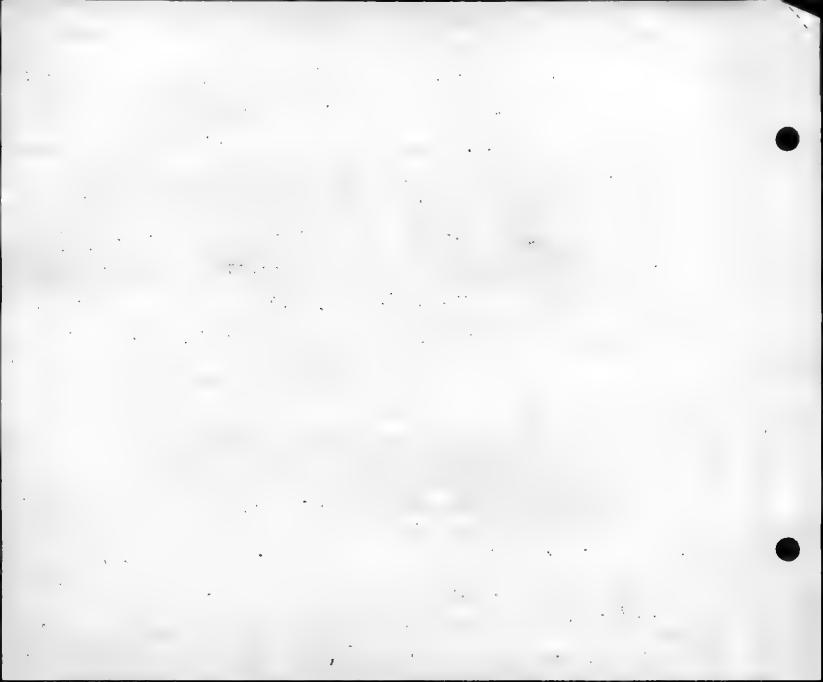
#1 E. Main St.

Md.

30M REV.

Gladhill

Co.



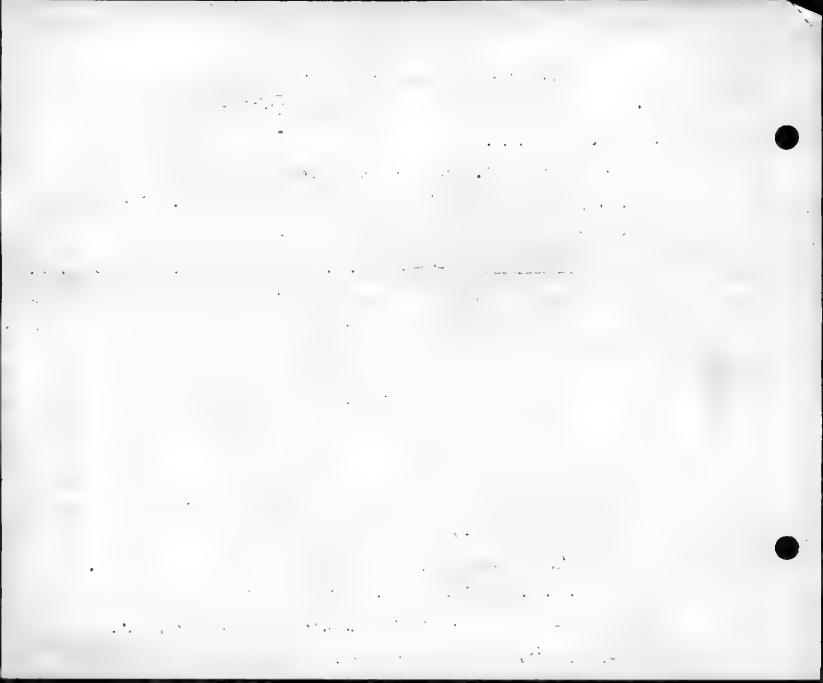
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	OF ATTENDING PHYSICIAM: The low requires that the death certificate the executed within 24 hours after Leath.		tending physician and completely filled in by the function	rmit. Then please remove corbon papers. Page: I speed	n, or removal, and in any event, within 72 hours after denth
	TIENDING PHYSICIAM: The low requires that the	be retained by the hospital or attending physician.	JIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the	e 3 should be detached for use os the buriol-transit permit. Then please remove corbon papers. P	ed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 boors af
•	X III	be ref	JIRECT	e 3 st	ed with

O FUNERAL

CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2g, DATE OF DEATH 2b HOUR First (Type or print) XXX ESTHER ELIZABETH 3. SEX 4 RACE 6 AGE (In years IF LINCHER 24 MRS MONTHS ROURS Feamle White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARR ED Massachusetts Frederick U.S.A. WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Vindobona Convalescent Home during most of working life, even if retired.) Braddock Heights None Teachor 13o USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIM-TS? odmission) Maryland 13b COUNTY Frederick Frederick YES 😿 307 W. College Terrace 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Gorge Wallace Shaw Florence Harlow 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, na, ar unknawn) 214-46-5515 Mr. W. Osborne Schade Rt.# 5 Frederick, Md. 16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFAT PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF u flueuza Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse. FART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) Anteno Selevosis with sendets 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION CAUSES OF DEATH? YES 🖂 NO [210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT MOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 6/15, 1966, to 1/15, 1966, that (I) (we) last saw the deceased alive an 1/15/1965, and that in (my) (our) apinion death accurred on the date and haur and fram the causes stoted obove, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. L. R. Schoolman MD. Braddock Heights Maryland 23d. LOCATION (City or Town) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 230. BURIAL, CREMATION Cremation 1-18-1968 Cedar Hill Crematory Washington, D.C. 24 FUNERAL BIRLETOR 25g. REC'D BY REGISTRAR 2Sb REG STRAR'S SIGNATUR ocharles. Son Frederick, Md. Bailey & DATE 0 4 1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00928 CERTIFICATE OF DEATH AAGON 2n. DATE OF DEATH **DECEASED-NAME** First Middle Last 2b. HOUR Month 3 (Type or print) Smith Jan Erma Jean 6. AGE (In years 3. SEX 4 RACE S, DATE OF BIRTH last birthday) HOURS Nov. 28 White haurs of Female 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign -76. CITIZEN OF WHAT COUNTRY? 8. MARRIED 124 NEVER MARRIED 1 country) Maryland Frederick USA WIDOWED F DIVORCED [completely-fined 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a, USUAL OCCUPATION (Kind of work dane 125, KIND OF BUSINESS OR during most of working ite, even if refired.) requires that the death certificate be executed within gwertederick Memorial Frederick Factory 13c CITY OR TOWN 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d INSIDE CITY LIMITS? please remove car Marylan Bb COUNTY RD YES Thurmont Fred. in any 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle John B. Florence Stull and 17 INFORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Thur nont, Yes no, or unknown) 211-28-1006 Gerald R. Smith Md. RD APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH signed by the attending burial-transit permit. I burial, crematian, or rea Shock IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 26 da ys. (b) acute interstitial pancieatitis Conditions, if any, which gave) nse to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 10 acute chole cystelis Cholelithiasis Chopelachalithiasis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(b) as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 19e DATE OF OPERATION Cholecystitis Interstitive Ponciertitis 12/11/67 CAUSES OF DEATH? YES [NO 🔽 O FUNERAL DIRECTOR: After this certificate O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. IN.JRY OCCURRED
While Nat while at work 21e. PLACE OF INJURY (AT HOME FARM, STREEF, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State 19 ta 5 Jan. 19 68 that (1) (we) last director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22: DATE SIGNED **ATTENDING** MED DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S Medical Center Frederick Md. Melvin E. Lea NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) (State) 23a. BURIAL, CREMATION 23b. DATE PEMOVAL (Specify) Creagerstown Fred Co Md 1-6-68 Creagerstown Cem. 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR E ADDRESS reager Raymond 1968 Thurmont, Mary Land AN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

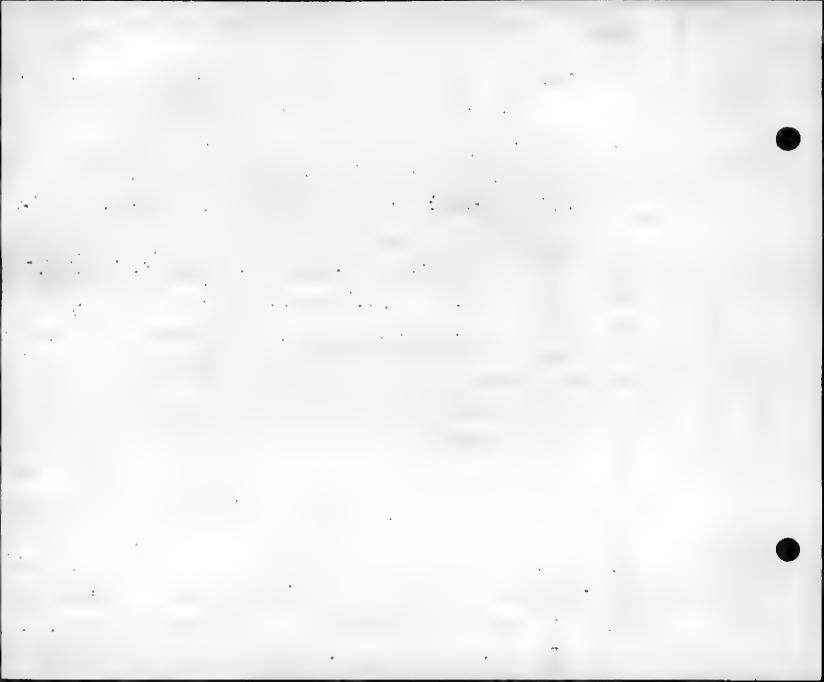
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			CI	LIXIIIICA	IL OI DEATI	11		1717176	٧ . اس
	CEASED NAME First		Middle		Last	2a.	DATE OF DEATH		2b. HOUR
(Ty	ype or print)	PARET	11-		rouder		Manth	Day Year 30. 1968	45A
3. SE)	21,122	4. RACE	71		DATE OF BIRTH		6. AGE (In years	IF LINDER I YEAR	IF UNDER 24 HRS
	Frmate	11. RitE			4-27-	1013	last birthday)	MONTHS DAYS	HOURS MIN
a R	IRTHPLACE (State or foreign	7b, CITIZEN OF WHAT	COUNTRY?	8 HADDIED ET			NTY OF DEATH	3.1	
canni	try)		LOGINIK) I		NEVER MARRIED	7, 600			
0 6	Md.	U.SA:	OF HOSPITAL OR HEST	WIDOWED [FILAL OCC	FREDERICK	- India Music Ar	M-
	TY OR TOWN OF DEATH	give stree	OF HOSPITAL OR INSTI address)	ors com in the	derene	w to teorn	PATION (Kind of work dan varking life, even if retired EXIFE		ROZINEZZ ÓK
13a	JSJAI, RESIDENCE (Where deceas			13c. CITY OR TO		ITY LIM TS?	13e. STREET AND NUMBER	An I	
	Parytand			NIT. AL	$\pi \iota I_{-}$		101 Scuy	h Munn	STIFEI
14 F	ATHER'S NAME First	Middle	Last	15. N	OTHER'S MAIDEN NAM	AE First	Middle	4.	Last
	18558	U	floo	d		E CLA		1 in li	inix
160.	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 16b	. SOCIAL SECURITY NO				6 Address	S. Mair	St.
76	es, no er unknawn) (If yes give w	2	13-05-7	525 Mr	. Philip	B.	Souder Mt.	Airy.	Md
	18. CAUSE OF DEATH (Enter on	v ane cause per linesta	or (a), (b), and (c),)	<i>(</i>)				APPROX.	MATE INTERVAL INSET AND DEATH
	PART I. DEATH WAS CAUSE	BY: 55	en onl	en a	Carrin	ا د مہ سومی	Par	1 11	
	IMMEDIA	TE CAUSE (a)	CAUSEDUS AS	800					γ
	Canditions, if any, which gave)	DUE TO, OR AS A	CONSEQUENCE OF				1	7	
	nse ta immediate cause (a),	(b) (c)	Morro	WI	- Mary Market	crit	- vellun		212.
	stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF			U		0	
	last.	(c)							
	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING	TO DEATH BUT NO	RELATED TO T	HE TERMINAL DISEASE	ORCONDITE	ON GIVEN IN PART 1(a)		
2	10 1								
A H H	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERI	FORMED	20a. AUTOPSY?		206 IF YES, WERE FINDING	S CONSIDERED IN C	ERTIFYING
IFICATE					NO SES NO		CAUSES OF DEATH?		
8	21a. ACCIDENT WAS UNDERLYIN	G 21b TIME OF INJ	URY	21c HOW	Jan.	Tonggood .	e of injury in Part 1 or Part	2, Item 18.1	
₹	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. N	lanth Day Year		,				
GE VE	(If either, natify medical exami	ner) P.M.	19	2011 015 10C	TION Co D.C.O.	Mar	Chi as Tay -	(au-t-	State
~	21d, INJURY OCCJRRED 21e.	PLACE OF INJURY (AT I	ICE BUILDING, ETC.	ZIT. LOCA	IION Street of R.F.D.	, NO.	City or Town	County	21016
	at wark — at wark —					10	0		4
	22a I certify that (I) (th	is haspital attend	ed the deceased	from Xen	<u>~17</u> ,1	968,	10 Jan 30	19.60, that	(I) (we) las
	saw the deceased a	live on	.50 19	Od Sand t	hat in (my) (our)	apinian (death accurred an the	date and havr	and tram the
		e, (1) (we) (aia) (aid	nat) view the b	oay arrer de	itn.				
	22b. SIGNATURE)	11.0		MD	ATTENDING &	MED	C STAFF	2c DATE SIGNED	10/0
- 1	Herry	10. C	ruse_	DEGREE	PHYS 4	DIRECTO	R LJ PHYS. LJ	30 Jan	1968
	22d. PHYS/CIAN'S NAME (Type)	. 110	1 - 0 -	. 5	22e ADDRESS	11	A. E.	21 -1-	L 111
	17 E (2)	ry V.	nase	80	4 7011 1	TOUS	e HVe Ir	edeeri(KIMA
23 o	BURIAL, CREMATION, 23b		23c NAME OF C			23d.	LOCATION (City or Town)	(County)	(Śtate)
	RENBULLSPERY 2.	/2/1968	Taylor	svill	•	Ta	ylorsville	Carrol	1.Md.
	FUNERAL DIRECTOR		ADDRESS		2Sa. REC	D. BY REGI	CTDAR OFF DECICEDS	IR'S SIGNATURE U	mose.
C.	M. Waltz, B	ox 241. 8	Sykesvi?	le. M	d DATE	FEB	2 1968		0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletby tilled in by the funding all director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV, 1/

haurs wefter death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within Page 4 may be retained by the haspital ar attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

369.10 00929 CERTIFICATE OF DEATH I. DECEASED-NAME (Type or print) Olive First Middle Lost 2a, DATE OF DEATH 2b. HOUR 1 Month 68 Day 0840 Jan. В. Spaugh 4 RACE IF UNDER 1 YEAR IF JNDER 24 HRS. 3. SEX S DATE OF BIRTH 6 AGE (In years losy byrthday) Dec. 6. 1896 Caucasin Female. 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) S.C. Frederick U.S.A. WIDOWED DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during many as working life, even if retired) INDUSTRY 1728 oddess Nickel Pl. Frederick 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 23c CITY OR TOWN 13d INSIDE CITY ELMITS? 38 STREET AND NUMBER Morchester Summervilles X 640 Central 14. FATHER'S NAME First Last IS. MOTHER'S MAIDEN NAME First Lost Lydia Thomas F. Spaugh 16d. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no or unknown) 549-44-1632 Henry 1728 Nickel

PAPVOV 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) erebrialada nse ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 1001 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?

CAUSES OF DEATH? YES 🖂 21o. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. County City or Town

While Not while at wark 22a. I certify that (I) (this-hospital) attended the deceased from.

and that in (my) (our) apinion death accurred on the date and hour and from the saw the deceased alive ancauses stated above, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 22b SIGNATURÉ

State

(State)

DEGREE DIRECTOR PHYS 22d. PHYSICIAN S 22e ADDRESS 804 Toll House. Austin Pearre, NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY Boonghill Com. 23d LOCATION (C ty or Town)
Summerville, 23b DATE 23g BUR AL, CREMATION BUTY (RETTY) 1-22-68

ADDRESS 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Salamone Funeral Home Frederick. Md.

O FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 30M REV, 1/68

director, page 3 should should be filed with the

requires that the death certificate be executed within 24 haurs after dea

A ofter

physician and campletely filled in en please remave carban papers.

event.

burial-transit permit. Then please rema burial, cremation, or removal, and in any

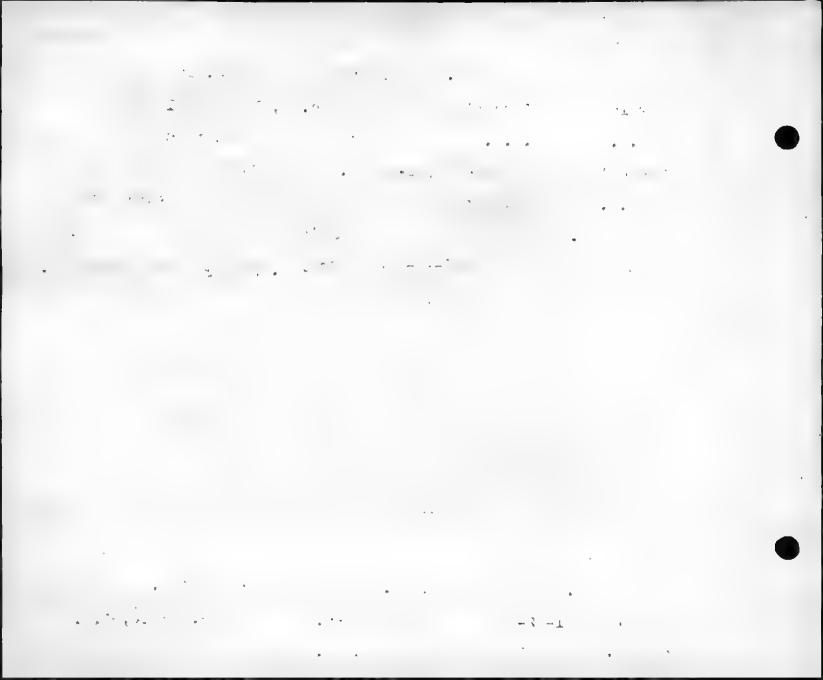
the attending p

signed by

as the

detached

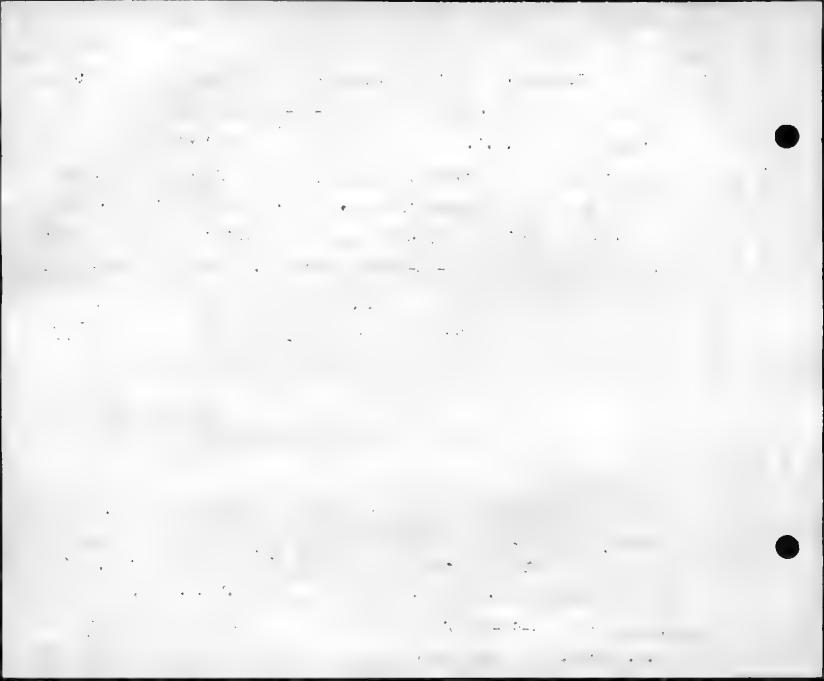
be retained by the haspital or attending physician



00931 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 13e Film G397 1/24/68 k CERTIFICATE OF DEATH 00930 DECEASED-NAME First Last 20. DATE OF DEATH 26 HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) physician and completely filled in by the funeral ter ded Garfield Januar NMN Spencer SEX 6. AGE (In years 5. DATE OF BIRTH F JINDER I YEAR lost birthdoy) HOURS MONTHS Male Negro 12-15-1880 lease remave carban papers. Payand in any event, within 72 haurs 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED | NEVER MARRIED | country) WIDOWED [DIVORCED Maryland OCTY OF TOWN OF DEATH Frederick II.S.A. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street oddress)

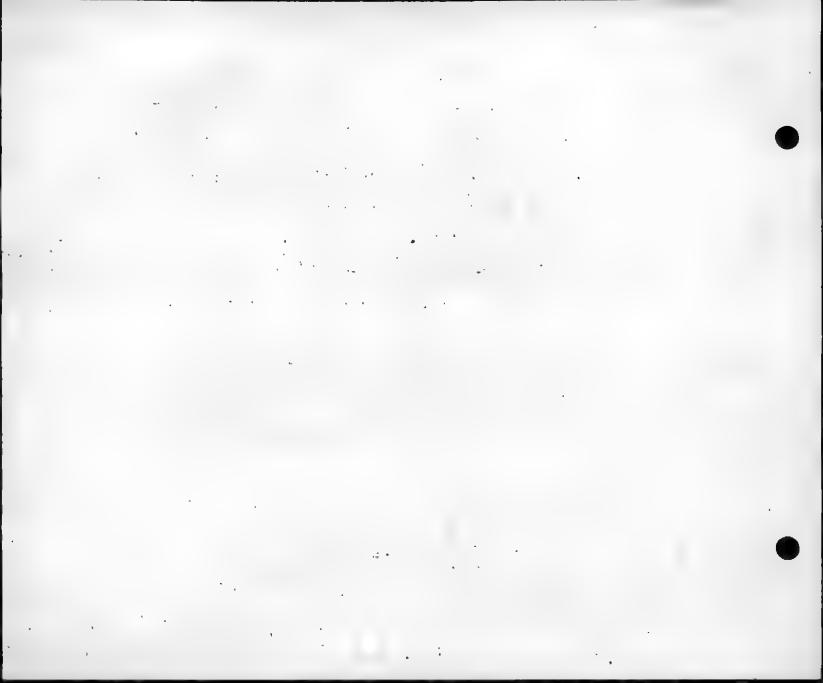
Mon Fevue Infirmary during most of working life, even if retired.)
Farm Fencing INDUSTRY Farm Frederick 130. JSJAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 7 26 13d INSIDE CITY LIMITS? Street odmission) STATE 13b COUNTY YES X NO F Monterue Frederick Fred 14 FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First Lost Martha NMN Stevenson NMN Spencer James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address [If yes give wor or dates of service] Yes, no, or unknown) 0 burial, crematian, ar remaval, Ambush Rtl Adamstown, Md 220-16-3256 signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), stating the underlying couses by the haspital ar attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be detached far use as the State Dept, af Health prior ta has been ATTENDING PHYSICIAN: The law 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20o AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🖂 NO T O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State White Not while at work 220. I certify that (1) (this hospital) attended the deceased from March 1, 1967, to 5600, 1967, to 5600, 1967, that (1) (we) lost sow the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c., DATE SIGNED ATTENDING PHYS MED DIRECTOR DEGREE 22d PHYSICIANS 22a. ADDRESS NAME (Type) Proff.Bldg.Fred, Md Bernard Thomas 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) Fred Md Frederick Fairview 1-13-68 1968 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Frederick, Md 30M REV. V KS C.E. Hicks.lll

MARYLAND STATE DEPARTMENT OF HEALTH

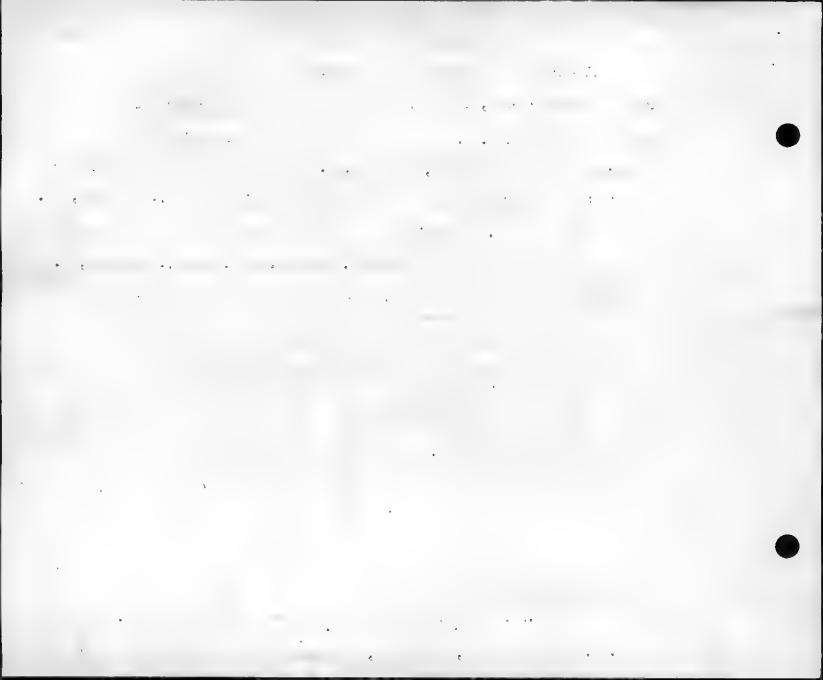


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

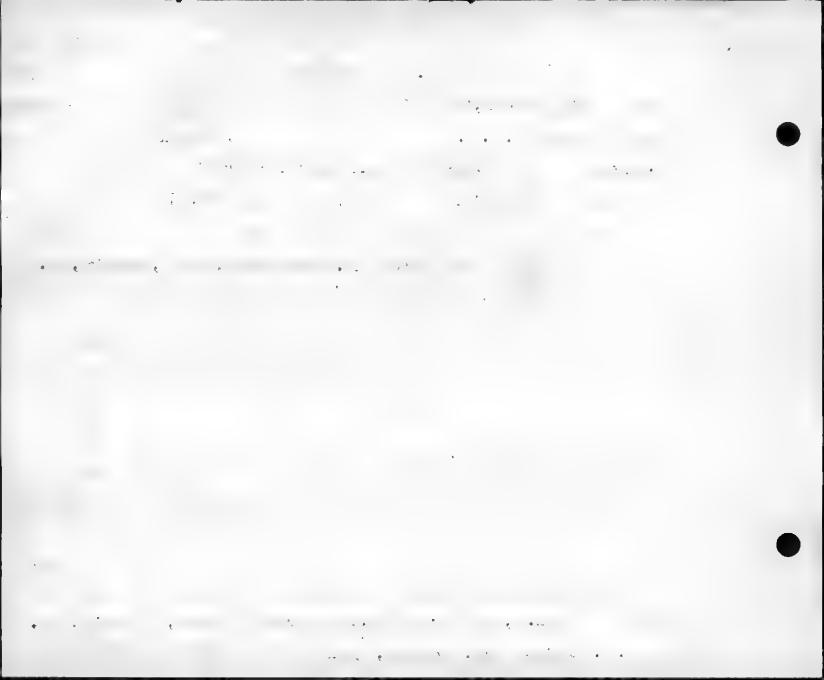
1			22000	DIVISION OF VITAL RECORDS,	301 W. PRESTON:	STREET, BALTIMOR	E, MARYLAND 21201	00000
_ '	1		00932		ERTIFICATE O			00931
E - ME			CEASED-NAME First	Middle	Last		DATE OF DEATH	2b HOUR
deoth deoth		(1	ype or print) NELL	IE Lillian	SPENCE	R	Jan (Jaru)	3 1468 11 A M
- E		3. 5		4 RACE	S. DATE OF		6 AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.
rs afte			Female	White	1.500	it. 10, 190	last birthday) YRS	MONTHS DAYS HOURS MIN.
by Pour		7o.	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER	MARRIED 9. COL	INTY OF DEATH	
In Jin 72 h		COU	Mayy land	USA	7-1	VORCED 🗍	rrederick	Md
iller Por iller	,	10 (ITY OR TOWN OF DEATH,	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital	ol 12a USUAL OCC	UPATION (Kind of work done	12b. KIND OF BUSINESS OR
ecute within 2 hours aft completely filled in by the ove corbon papers. Pages y event, within 72 hours aft	14		redeviel	give street address) / N	emonal Ho	SP HO	working life, even if retired)	INDUSTRY Home
plet corl			USUAL RESIDENCE (Where decederston) STATE # /	sed lived, if institution. Residence before		136. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
com com	31	_	Maryla	1d 136 COUNTY Shingtold		YES NO E		
■ execute』 within 2■ ho ond completely filled in remove corbon popers.	<i>}.</i>	14	ATHER'S NAME First	Middle // Lost	is. Mother's	MAIDEN NAME First	Middle	Last
on co			<u>Dar</u>	MED FORCES? 16b. SOCIAL SECURITY	VO 17. INFORMANT	lenny 1	Hoffmasto	71756
AM: The law requires that the loath certificate be executed within 20 hours after to or ottending physicion. If you should be a signed by the ottending physicion and completely filled in by the flut or use as the burial-transit permit. Then please remove carbon papers. Pages 1 Health prior to burial cremation, or removel, and in any event, within 72 hours after			WAS DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	for or dotes of service)	2228 EVVE	st Spence	Part A	Knoxville Md
phy phy ovo		=	/\\\ 0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	one ASTUTY			1 11000000	APPROXIMATE INTERVAL
th c			PART I. DEATH WAS CAUS	nly ane couse per line far (a), (b), and (c). ED BY: BATE CAUSE (a) A C U T E	10	Day Titl	20 MB6513	BETWEEN ONSET AND DEATH
offendii	i P		JAMED	IATE CAUSE (a)	. CORBN	rivey it	100373	- Harry
the o			Canditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF				
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uires the hysicion. gned by urial-tror			lost	(c)				
quire physical signer burial			PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)	
ding een		×	4) 1					
flav tendi s be os t	\	CERTIFICATION	19a DATE OF OPERATION 196	, CONDITION FOR WHICH OPERATION WAS PE		UTOPSY?	20b If YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
The off	,	RIF			YES			
AII: of or cate for u			21 a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF OR		21c. HOW INJURY	OCCURRED (Enter natur	e of injury in Port 1 or Port 2	, Item 18.)
Dig to be	5	MEDICAL	(If either, notify medical exam	niner) P.M.			* · · · ·	Chala
this certical detoched		-<	While Not while 7	PLACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	TORY J. 211. LOCATION S	Street or R.F.D. No.	City or Town	County State
19 T T T			of work of work	his haspital) attended the decease	od fram	9 10 /s Y	to 1/23 1	967, that((1),(we) last
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interior of the Sould by Sould by the Sould			causes stated abav	re, (I) (we) (did) (did nat) view the	bady after death.			
Tet ret			22b. SIGNATURE	P For en	M LO ATTE	NDING MED	C STAFF C	. DATE SIGNED
			22d. PHYSICIAN S D	e C. Reputel,		ADDRESS /	R LJ PHYS. LJ	1/23/08
O HOSPITEL Roge 4 moy O FUNERAL director, pag	3			ard C. Reynolds	M.D.	rederic	ch, Maryla	ind 21701
D HOSEIN Roge 4 m D FUNERA director,	Š	23a		DATE / / 23c NAME OF	CEMETERY OR CREMATOR	Y / 23d	_LOCATION (City or Town),	(County) , (Stale) ,
5 5 5 E	0		REMOVAL (Specify)		opal Con	letery /	grownsville	, Wash, Md.
VR A15	(B)	24.	FUNERAL DIRECTOR	ADDRESS	(2)	250 REC'D BY REG	STRAR 1968 REGISTRAN	S SIGNATURE VICE
30M REV	1/68		A /UMAVA	COLIFIE HAVINGY	cterruW.Va	DATE	1	0



1 (4)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	I em la Film G397 MEDICALEEXAMINER'S CERTIFICATE OF DEATH 00932
HEALTH DEPT.	OF CEASED-NAME Frist Middle Last 20 DATE KNOWN Month Doy Year 2b HOW
Poge 1s	Millard Cepnus Stockman Death Mated 19
dela de la constantina della c	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years F UNDER 1 YEAR IF JHOER 24 HBS 20 DATE PRONOUNCED DEAD 4 HO White June 6, 1891 6 AGE (in years MONTHS DAYS HOLKS MIN JUNE 1968) 9 Year 1068
P.W.	Male White June 6, 1891 76 YRS MARRIED NEVER MARRIED 9 COUNTY OF DEATH
ath arh ary ages 1, 2, a	Maryland U. S. A. WIDOWED & DIVORCED Frederick
nth ages h fo	10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 1/20 USUAL OCCUPATION (Kind of work done 1/2b KIND OF BUSINESS OR
haurs after death Item 18. Give Pages Office alang with far and 2 with the State	Shookstown gversleed address, Frederick, Md. du Return and life, even of returned life, eve
after 8. Giv alang with s	13a USUAL RES DENCE (Where deceased lived, if institution: Residence before) 13c. CITY OR TOWN [13d INSIDE CITY LIMITS?] 13e STREET AND NUMBER
	odm Haryland 13b Friederick Route 7 YES NOK Route 7, Frederick, Md.
	14 FATHER'S NAME First Middle Lost Nathaniel C. Stockman Annie Kimmel.
hin 24 nal in niner's pages I haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS
	(Yes. ac. of unknown) (Hysis give wor or dutes of service) 218 24 2069 Ars. George Astlin, Route 7, Frederick, Md.
uuld be executed wit vard "pending" in pe ne Chief Medical Exan al-transit permit. File any event within 72	18 CAUSE OF DEATH (Enter only one cause per line for (i), (b) and (c).) APPROX.MATE IN ERVAL BETWEEN ONSET AND DEATH
xecuted Iding" i Medical permit.	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Oulmonary Smbolisme Thrombotie
nould be executed ward "pending" in the Chief Medical Erial-transit permit. It any event within any event	Conditions, if only, which gove) DUE TO, OR AS A CONSEQUENCE OF
d be Chie	nse ta immediate couse (a), (b)
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is certificate shee, writing the verwarded to tarwarded to te used as a bur remaval, and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
verificate writing th rwarded to used as a lead and naval, and	= tractured Rits
certifi arwar used mava	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
2 7 0 2	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c How Injury occurred (Enter nature at injury in Part 1 or Part 2, Item 18)
三刀 宝 .	PRIMARY DOR CONTRIBUTING DAME AND A LOCAL PLACE OF INJURY (4thorns form street 2) of STORAL STORAL PLACE OF INJURY (5th house form street 2) of STORAL STORAL PLACE OF INJURY (5th house form street 2) of STORAL STORAL PLACE OF INJURY (5th house form street 2) of STORAL STORAL PLACE OF INJURY (5th house form street 2) of STORAL PL
3 3 4 5 5	21d N.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote
XAN te tl ge 4 your age cren	AT WORK AT WORK A WORK A FOR WHILE AT WORK A WORK A FOR WHILE AT WORK AT WORK A
ICAL EXA tor. Page ed for you CTOR: Pag burral, cre	22a. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 🔲, Inquiry 🔲. ond in my opini
Se e crammed need need by by a by	deoth resulted from: Natural causes , Accident Suicide , Hamicide , Undetermined monner
Ty blease with director of the retained er retained extended the retained prior to by	ACTUAL CHIEF MEDICAL EXAMINER C
DIY. Iny. Be cal	SIGNATURE ROBERT I VHOMAS M.D. ASSISTANT MEDICAL EXAMINER 120. DATE SIGNED
necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health priar to burial, cren	NAME (Type) 812 Toll House Avenue ADDRESS(Street, city, town, or county)
55 ± 25 ± V	230 BURIA, CREMATION TECHNICIPATE WINTY OF CEMETERY OF CREMATORY 23d LOCATION (City of Town) (County) (State)
	Billy affecty) Jan. 21, 1968 Harmony Church Brethren Harmony, Maryland
VR ALSME (ST	24 FUNERAL DIRECTOR AVILLE MADDRESS FARCES 1250. REC'D BY REGISTRAR SIGNATURA ADDRESS FALCE 1500 REC'D BY REGISTRAR SIGNATURA 1500 REGISTRAR SIGNA
OM REV. 1A(8)	M. R. Etchison & Son, Frederick, Maryland DATE JAN 2 2 1968



. 1				DIVISION				EPARTMENT	OF HEALTH BALTIMORE, MARY	1AND 2120				
FOR STA	ATE		3633	} Z.					TE OF DEATH			00	933	
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ay 3 t	i /	3. 5	EX	4 RACE	S. DATE OF B		To AGE (In y	MIGIS IF LINDER I Y	EAR IF UNDER 24 HRS	-	MOUNCED DEAD		7,425	2d HOUR
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2, 2, P			BIRTHPLACE (Sto	ite or foreign	7b CITIZEN OF W		8	MARRIED NEVE	R MARRIED . 9. CO	UNTY OF DEATH	1			
		置	rederic	k County	U. S			WIDOWED		Freder	lek			М
death e Page with f	Stat	30 (ITY OR TOWN (OF DEATH	31	NAME OF HOSPITA	AL OR INSTITU	aTFON (If not in hos	sp.tal 12a USUAL O		d of work done		ND OF BUSIN	NESS OR
after death 8. Give Pages 1, alang with farm	land 2 with the State after death.		Frederi						pital ^{dum} Hous			INDUST	K 7	
after of Give	death.	130.	USUAL RESIDER	NCE (Where deceas	ed lived, if insti	itution Residence			13d INSIDE CITY LIMITS?	13e STREET A	_			
13 cm	12 w		Maryl		Frede:			oute 7	ARZ NO [38]	Route				
hours Item 11 Office	after a	14. F	ATHER'S NAME	First	Midd		Last	IS MOTHER S	MAIDEN NAME First		Middle		Last	M71
24 in 3	pages	760		EZRA EVER IN U.S. ARMED I	CODUCES?	BAK		17 INFORMANT	MARY		ADDRESS		ILBER	T
l within 24 n pencil in Examiner's			es, no, or unkno		wor or dates of service)				Amtls	m Dout		anto	le Mel	
wij Exa	burjal-transit permit. File I in any event within 72	-	No	5 BEATH /F		218 21	1.7.33=		eorge Astli		1 Liter	GIVIE	APPROXIMATE I	INTERVAL
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o DEPUTY Die necessary, please the funeral strects may be retained.	Hea #		EXAMINER'S NAME (Type	812 Toll	House A	venue			ADDRESS(Street, city, to		-0		,	
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MARYLAND STATE DEPARTMENT OF HEALTH 35936 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00935 CERTIFICATE OF DEATH 2a. DATE OF DEATH I. DECEASED-NAME 26. HOUR (Type or print) 3. SEX IF UNDER I YEAR IF JNDER 24 HRS AGE (In years 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [DIVORCED [12a USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12b KIND OF BUSINESS OR requires that the death certificate be executed within during most of working rife, even if retired) 13a. JSJAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 138 INSIDE CITY LIM TS? 13b. COUNTY YES TO NO 14. FATHER S NAM Middle MOTHER'S MAIDEN NAME First 16g. WAS DECEASED EVER IN all S. ARMED FORCES? 16b SOCIAL SECURITY NO INFORMANT Address Yes, no pr unknown) (If yes give war or dates at service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH CHF 6 DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a) rar use as the b Health priar to b has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) P.M. (AY HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State Whire Not while at wark O FUNERAL DIRECTOR: After 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) director, Shauld b 230 BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) (County) REMOVAL (Specify) **EUNERAL DIRECTOR**



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

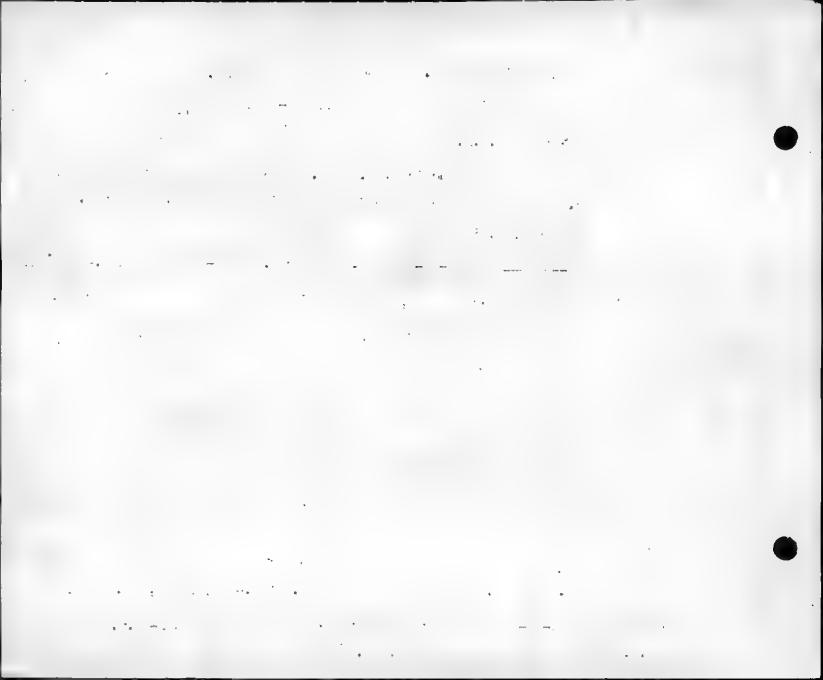
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				CPICITIE	CALL OF	PEAIII					
	CEASED-NAME ype or print)	First	Middle	a.	Last		2a. DATE	OF DEATH	Days of Ma	26	. HOUR p
(1)	Aba or billing	Marjorie	G.	Stou	ghton		Jan.	Month 24	Day 1968		7-15 ^M
. SE		4. RACE			S. DATE OF			6. AGE (In years	IF UNDER 1 Y	YEAR IF UND	SER 24 HRS.
	Female	Whi			July	28-1891		19st birthday)	YRS.		
e B	IRTHPLACE (Stote or for	,		B. MARRIEI	NEVER M	ARRIED K	, COUNTY				
	New Hamp		.A.	WIDOWEI		ORCED		ederick			Md.
-	ITY OR TOWN OF DEATH		IAME OF HOSPITAL OR II street address)	NSTITUTION (If	not in hospital			N (Kind of work d	ane 126 KIM	ND OF BUSINE	SS OR
	Frederick		Frederic.					esentati	ve	Colle	ege
	USUAL RESIDENCE (When ston) STATE Md	e deceased lived, if institu 13b. COUNTY			erick	YES NO		STREET AND NUMBER	K		
14 F	ATHER'S NAME Firs		Last		IS. MOTHER S	MAIDEN NAME Fir	rst	Midd	le	Las	t
	A	lexander S.	Stoughton		Ann	ie Alle	n				
160.	WAS DECEASED EVER IN	LES ARMED FORCES?	165 SOCIAL SECURITY		INFORMANT	2.5.1 Cl 5	r	Addre		Md.	ni ole
,	es, no, or unknawn) (220-30-9	272 N	.merea	ith 5. j	coung-	609Schle			
		(Enter only one couse per l	ine (or (o), (b), and (o	:).)_		1-				PPROX MATE INT WEEN ONSET AN	
	PART I DEATH WA	S CAUSED BY. IMMEDIATE CAUSE (a)	Con dea	0 1	Regal				1	1944	Es-
	my , .		AS A CONSEQUENCE O	F	4	1	-1 /	0 1.			
	Conditions, if ony, whi		topharleur	ine a	relexi	is dero	tick	east dee	1020 Y	e cy/	
	nse to immediate cou stating the underlying	DUE TO OD	CONSEQUENCE O	F				_			
	last.	(c)	/								
	PART 2. OTHER SIGNIFICA	CANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED	TO THE TERMIN	IAL DISEASE ORCO	ONDITION GI	VEN IN PART 1(o)			
N.											
CERTIFICATION	19a. DATE OF OPERATION	19b CONDITION FOR W	HICH OPERATION WAS P	ERFORMED	20a. AU			IF YES, WERE FINDII SES OF DEATH?	NGS CONSIDERED	IN CERTIFY	ING
KILE					YES [
	210. ACCIDENT WAS UI			21c	HOW INJURY O	CCURRED (Enter	noture of #	ijury in Part 1 or Pa	rt 2, Item 18.)		
MEDICAL	(If either, notify medic	al examiner) P.M.	•	19							
Æ	21d. INJURY OCCURRED While Not while		(AT HOME FARM, STREET, F	ACTORY,) 211.	LOCATION St	reet or R.F.D. No.	C	ity or Town	County		State
	at work ot work	J			,						
	22o. I certify that	(I) (this hospital) of osed alive an	tended the decen	sed from	1/2	19.6	26_, to_	1/24	, 1968_,	that (I) (we) lost
	sow the dece	osed olive on	(did not) vious the	_17 <u>(@X</u> , 0	nd thot in (r death	my) (our) opir	non deof	n occurred on th	ie dote ond h	our ond t	rom the
	22b. SIGNATURE	1000ve, (1) (we) (ulu	(did ROI) VIEW III	e body one	i deoiii.				22c DATE SIGNI	FD	
	6000	onthe TIAR	Man 1	DF	GREE PHYS	DING A	ED RECTOR	STAFF PHYS.	1-26		:8
	22d PHYSICIAN'S	TUN JUNI	10400		(11)2	DDRESS	ALCION -	11113.	, ,,	,,,	-
		r. James B.	Thomas		Pro	f. Bldg	Fre	ederick,	Md. 217	01.	
23a	BURIAL, CREMATION,	23b. DATE		F CEMETERY C	R CREMATORY		23d. LOCA	TION (City ar Tawn)	(County) (Sto	ote)
(remation	1-29-1968	Fort	Lincol	n Crem	atory		ington-			
_		Rwood T.			incre				RAR'S SIGNATUR	E	
	M.R. Etchis		Frederic	k. Md	21701	DATE JAN	29	1000 (7)	lundas	Judge	2.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Rage 4 mmy be retained by the hampital or attending physician.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00933 00938 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 20. DATE OF DEATH First The law requires that the death certificate be executed within 24 hours after death (Type or print) signed by the attending physician and campletely filled in by the funera burial-transit permit. Then please remove carban papers. Pages. and RTRUN offer 3. SEX 4. RACE 6. AGE (in years F JINDER 1 YEAR IF LINDER 24 HRS. last birthday) YRS hou 7b. CITIZEN OF WHAT 9 COUNTY OF DEATH WIDOWED [DIVORCED [Md. and in any event, within TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDuSTRY give street address' KXKNone 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INS DE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 14. FATHER'S NAME Middle Lost MOTHER'S MAIDEN NAME First Middle David Jacobs Ira Hunter Frederick . Md 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, or unknown) ar removal, 107 W. South St. 214-28-2255 Mr. Wilmer E. Jacobs. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any Which gave) INOMA rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) as the O FUNERAL DIRECTOR: After this certificate has been of Health prior to 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NOU 1967 OBSTRUCTIVE TAUNDICE YES 21o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Tawn County State While Nat while at work 220. I certify that (1) this hospital ottended the deceosed from 11-20 19_6.7. to 1966, and that in (my (our) apinion death accurred on the date and hour and fram the causes stated abave (1) (we) (did) (did not) view the bady after death. director, page 3 shars shared shared 22b. SIGNATURE 22c. DATE SIGNED MED DIRECTOR MD DEGREE 22d. PHYS CIAN S 22e. ADDRESS NAME (Type) Dr. Robert J. Thomas Toll House Avenue M.D. Frederick. Marvland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) 23a. BURIAL, CREMATION, 1-14-1968 Burial Specify) Union Cemetery Lovettsville. MXXXXXXX Va. 2Sa. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERA, DIRECTOR VR A15 (4) 30M REV, 1/68 Melinia Frederick. Md.

1 2 °

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36940 CERTIFICATE OF DEATH 00933DECEASED-NAME 2a. DATE OF DEATH 2b HOUR requires that the deoth certificate be executed within 24 hours ofter death (Type or print) 15 3. SEX 4. RACE 6. AGE (In years last Arthday) 7o. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED . country) Maryland physician and completely filled up U.S.A. papers hin 72 i DIVORCED WIDOWED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL ÓCCU 12b, KIND OF BUSINESS OR give street address) ck Memorial Hospital U.S. Gov. Employee **INDUSTRY** please remove carbon Frederick None 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY EINGTS? Maryland 13b COUNTY Frederick 605 West Patrick Street Frederick YES 📆 or removal, and in any 14. FATHER S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle First Lost Motter Conner Thomas Mary Bussard 16b SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Fred. Yas na, ər unknown) 220-24-7257 Mrs. Motter C. Thomas 605 W. Patrick St. signed by the ottending phy furial-transit permit. Then 18 CAUSE OF DEATH (Enter only one cause per large for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cond trans, if ony, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF ottending physicion. stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate has been eroched for use as the Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🖂 detoched for use the hospital or 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) TOR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. 21e. PLACE OF INJURY State City or Town County OFFICE BUILDING, ETC. While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an analysis of the last and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated above, (I) (w) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED director, page 3 should be filed v DEGREE DIRECTOR 22e ADDRESS 22d. PHYSICIAN NAME (Type) 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY
Mount Olivet Cemetery 23d, LOCATION (City or Town) 23o. BURIAL CREMATION (County) (State) BUT 1 a (Specify) Frederick. Maryland <31 1968. 24. FUNERA DIRECTOR **ADDRESS** 2So, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)1-Robert Deffey & Son Frederick. Marylandate

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36941 00340 CERTIFICATE OF DEATH 1. DECEASED NAME 2g. DATE OF DEATH 2b. HOUR TINNEY KENNETH PIERCE The law requires that the death certificate be executed within 24 hours after death attending physician. (Type ar print) Januar youth 5. Day 1969 10:20n 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF LINDER + YEAR IF UNDER 24 HRS. White Male February 15, 1926 lost birthday) physicion and completely filled in by the ten please remove carbon papers. Pages ovol, and in any event, within 72 hours of 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B MARRIED X NEVER MARRIED country aryland Frederick U.S.A. DIVORCED [WIDOWED | Frederick 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) ick Memorial Hosp. during most of working life, even if retired)
Insurance Angent Frederick Insurance 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Maryland 13b. COUNTY 808 Montclair Avenue YES 😨 Frederick Frederick 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Tinney Patrick Ann Elizabeth Shelton James cremotion, or removol, and Md. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Yes, no, ar unknawn) Yes 219-14-9135 Mrs. Mary J. Tinney 808 Montclair Ave. Fred. APPROXIMATE INTERVA signed by the offending burial-transit permit. Th 18. CAUSE OF DEATH (Enter only one cause per line (ot)(a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, If any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been stoched for use as the Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO XT 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.1) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 210. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f 10CATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22B. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR 1-5-1968 M.D. DEGREE PHYS 22e. ADDRESS PHYSICIAN'S MAME (Type) Dr. James B. Thomas M.D. 228 N. Market St. Frederick, Maryland director, \$hould 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (State) 23g. BURIAL CREMATION. REMOVAL (Specify) 1-8-1968 Mount Olivet Cemetery Frederick, Maryland Burial **ADDRESS** 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR **JAN 12** Frederick, Marylanda Dailev

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00941

	ECEASED-NAME	First		Middle		last		2o. DATE O					2b. F	HOUR
f)	ype or print)	Earl	Ma	rcellus	Wac	hter		Jan.	Month	30 Day	1968	Yeor	3:	30M
3. SE	X		4. RACE			S DATE OF I	BIRTH		6 AGE (In	veors	F JNDE	RIYEAR	IF UNDER	24 HRS.
	Male		Whi	te		April	26-190	AC AC	63	iday) YRS.	MONTHS	DAYS	HOURS	Mile
7a. B	BIRTHPLACE (State or f	oreign	76. CITIZEN OF WHA	AT COUNTRY?	8 MADDIED	NEVER MA		9. COUNTY O		11145				
COUN		.	U.S.A.		WIDOWED		ORCED	T	reder	ick				Md.
10 C	Md.	TH I		ME OF HOSPITAL OR II				AL OCCUPATION			12h	KIND OF	BUSINESS	
	rederick	***		According to the Accord	L1 W. 7	-	during me	ost of working				JSTRY		OIL.
	USUAL RESIDENCE (WH	eta decensa	d lived if institute				Fare		TREET AND N	HARED		Far	M	
	rssion) STATE		13b. COUNTY				YES X NO		1 W.		e+			
14.5	Md.			rederick					_L 11 e	Middle	30.		last	
[4 T		ist Va noe 1	Middle	ton Wacht			MAIDEN NAME F			Middle			Lost	
16.				16b SOCIAL SECURITY		NFORMANT	a Riddl	remoser		1.11				
100 Y	WAS DECEASED EVER (es. pg. or unknown)		or dates of service)							Address			Md.	
	NO			215-26-18	355 Mr	s.Leor	a C. Wa	achter-	-TOTT	W.7th	. S1	A DODAY	rede	ric
	18. CAUSE OF DEAT			o far (a), (b), and (a					~ ~				NSET AND O	
	PART I. DEATH V		E CAUSE (a)	· a R Do	OFF	25 Di	PATO	154 F	21515E	125		TZ	4-1	
	410,9		DUE TO, OR AS	A CONSEQUENCE OF		- 1		1,						
	Conditions, if any, w		list 1	CORO	NARU	100	chi	SCAN	. Ac	القاد	è	6-	1-1-	2.
	nise to immediate c stating the underlyi		DUE TO OR AS	A CONSEQUENCE OF		1								
	last	ing couse	(c) A	RTerio	2 SCh	T. 201	ic H	CART	DU	SEAS	se V	MA	My	485
	PART 2. OTHER SIGNI	FICANT CONF	DITIONS CONTRIBUT	ING TO DEATH BUT I	NOT RELATED TO	THE TERMIN	AL DISEASE ORG	ONDITION GIV	EN IN PART 1	(0)				
				HRY EW										
CERTIFICATION	19g. DATE OF OPERATE	ON 195 C	ONDITION FOR WHI	TH OPERATION WAS P	ERECRMED	20a. AUT	OPSY?		F YES, WERE		ONSIDER	ED IN CE	RTIFYING	
FIG	Tro. DRIE OF GLERAIN	170.0	onomination with	of of Edition fire	EKI OKMED	YES [CAUSE	S OF DEATH?					
ERT	21g ACCIDENT WAS	TINDERS YING	216 TIME OF	INHIDV	Into H		CCURRED (Enter		una in Dart 1	or Port 2	Itam 1D			
	OR CONTRIBUTING		HOUR A.M.	Manth Day Yea	r Zic. ii	ON INDUKT O	CCDKKED (EIHRI	t tiginis gi sili	ală iii Lati I	ui rori 2,	tielli lo.	ł		
WEDICAL	(If either, natify med				19			40			-			
≥.	21d. INSURY OCCURR While Not while	ED 21e. F	LACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC	ACTORY,) 211. U	OCATION Str	eet or R.F.D. Na.	. Eit	y or Town		Coun	ly	2.	tate
	at work at work								1					
	22a. I certify th	at (I) (this	hospital) ette	nded the decea:	sed_from	711		.3 ., ta					W KU	
	saw the de	ceased ali	ve on 12	did not) view the	19 6 0 on	d that in(r	ny) (our) opi	inion deoth	occurred o	on the do	ote ond	hour	and fro	m the
		ea abave,	(i) (we) (aia) (ala noi) view ine	body offer					1 00.	DATE SIG	PAICO		
	22b. SIGNATURE	1	12 Ja	he n) D DEGI	ATTEND	ING D	AED.	STAFF	_			0/0	
	70	<u>u</u>	11,00	3700	1 O (DEGI			IRECTOR L	PHYS.	Br L	n.	31-1	408	
	22d. PHYSICIAN'S NAMP(Jype)	Dw 1	alan II M	lo elee		22e. AD		100000	5	_ 4 4	- 9 -	213	03.00	.91
	(((((((((((((((((((ohn H. T				Monte							
230	BURIAL, CREMATION,	23b D	ATE	23c. NAME OF	F CEMETERY OR	CREMATORY			ON (City or 1		(Cour	nfy)	atot2))
	REMOVAL (Specify)	Feb	2-1968	Refor	cmed Ce	metery	7	Jei	ferso	n- Md	2	1755		
24	FUNERAL DIRECTOR	Elwo	1. T.	ADDRES	Muit	more	25a. REC'D B	Y REGISTRAR	25b. R	REGISTRARS	SIGNAT	LIREYAM	0	
	M.R.Etchi	son &	Son	Freder	cick. W	id.	DATE & C	D 2	1948	à		13	0	

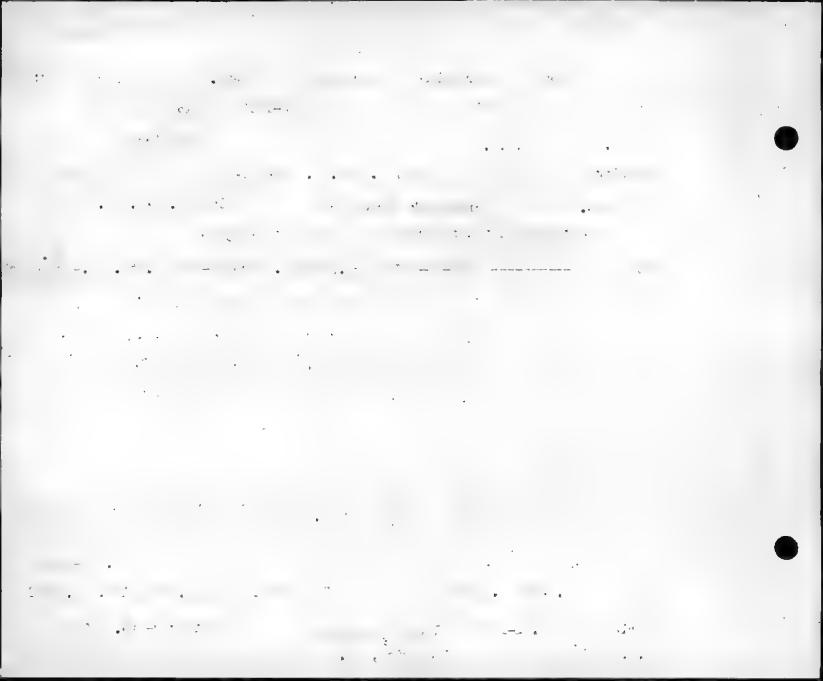
TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond cooperate filled director, page 3 should be detoched for use os the buriol-transit permit. Then please remove carbon page shauld be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 VR A15 (4). 30M REV. 1/6

Society 1 and 2 nours after deoth.

funeral

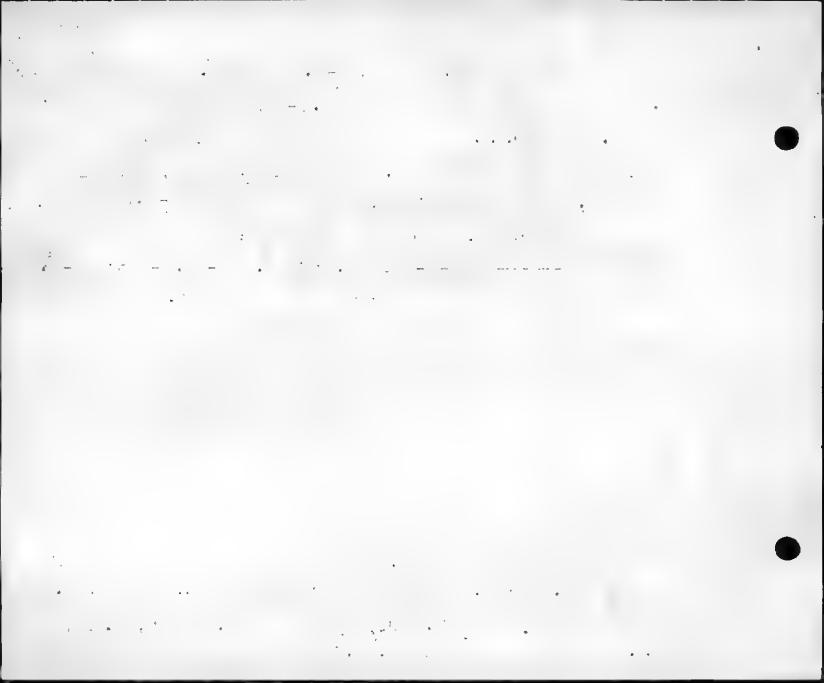
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death.

Page 4 may be retained by the hospital or attending physicion.



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1		36943		301 W. PRESTON STREET, BALTII CERTIFICATE OF DEATH	MORE, MARYLAND 21201	00942
end 2		ECEASED NAME First (ype or print) Jai	mes Bernard	lost Webb–Sr•	20 DATE OF DEATH Jan. Month 16 Doy 1	68 25 HOUR 8:30
the fun fages I no	3. S	Male	4 RACE White	S. DATE OF BIRTH Aug • 3-1907	0 1100 (111 10013	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN
24 haur d in by pers. 72 llau	£0U	Md.	76. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED DIVORCED	COUNTY OF DEATH Frederick	И
t the death certificate be executed within 24 ha the attending physician and completely filled in the sit permit. Then please remave carban papers. nation, or remaval, and in any event, within 72 lo		Trederick	II. NAME OF HOSPITAL OR IN Trederick Me	m. Hospital during mo	st of working life, even if retired) VEQUIPMENT Operat	126 KIND OF BUSINESS OR INDUSTRY LOT Rail Ro
ecuted complet ave car	odir	ission) STATE Md.		Tuscarora YES NO	Route 1- Box 21	
ute be executed tian and complet ease remaye can and in any went,	L	FATHER'S NAME First John	Middle Lost Benjamin Webb	Is. MOTHER'S MAIDEN NAME Fit Caroline	Hunter	Lost
rtificate physicia en plea sval, an	160	was Deceased ever in u.s. arm	IED FORCES? or or dates of service) 705-10-00		Webb- Rt. 1- Tusca	21790 arora-Md.
The law requires that the death certificate be executed within 24 haurs after attending physician. The fine seen signed by the attending physician and completely filled in by the first se as the burial-transit permit. Then please remave carban papers. Rages th prior to burial, crematian, or remaval, and in any event, within 72 and of the prior to burial, and the prior		IB. CAUSE OF DEATH (Enter onl PARY I. DEATH WAS CAUSED IMMEDIA	y ane cause per line for (a) (b) and (c) BY: ITE CAUSE (a)	ting Carcenor	va opbladder	BETWEEN ONSET AND DEATH 8 - 9 Mg
equires that the death physician. signed by the attendir burial-transit permit. burial, crematian, or re		Canditions, if any, which gove a rise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF	torsive met	sitore	
res tho rsician. ned by ial-tran ial, crer		stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
w require ing physia een signe the burial r ta burial	NO		*	OT RELATED TO THE TERMINAL DISEASE OR CO		
F. The law rear attending to has been suse as the latter to the prior to the latter to	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	YES MO 🔼	20b. IF YES, WERE FINDINGS CONS CAUSES OF DEATH?	
PHYSICIAN: The haspital ar at the capital ar at this certificate ha etached far use Dept. af Health	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M. Manth Day Year	0	noture of injury in Port 1 or Part 2, Item	
G PHYSIC the haspi this certi detached	*	at work at work		CTORY.) 21f LOCATION Street or R.F.D. No.		County Stote
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transpould be filed with the State Dept. at Health prior ta burial, creating the purial, creating the purial of the state Dept.	L	sow the deceased a	is hospitol) ottended the deceas live an , (I) (we) (did) (did nat) view the	19, and that in (my) (our) opir	, ta, 19 nion death occurred on the date	, that (I) (we) la and haur ond from th
L OR ATTENI be retained DIRECTOR: A ge 3 shauld iled with the	L	226. SIGNATURE Pert	& Croud	140	ED. STAFF 22c. DATE	E SIGNED (7/G8
SPITAL OR 4 may be IERAL DIRI or, page 3 d be filed	L	22d. PHYSICIAN'S NAME (Type) Dr.	Robert D. Crouch	22e. ADDRESS 806 Tollho	ouse Ave., Frederic	ck, Md.21701
TO HOSPITAL Page 4 may TO FUNERAL director, pag Should be fi	230		an 201968 St Pau	CEMETERY OR CREMATORY L's Cemetery	Pt. of Rocks, Md.	
VR A 5 1	24	FUNERAL DIRECTOR & K.R. Etchison &	Son Frederi	ck, Md.21701 250. REC'D BY	registrar 25b. registrar's sig	NATURE SUCCESS



00944

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1					CENTIFICATE	OI DEATH		
Neg 5			CEASED-NAME First (Appe or print) EULA	MAE WEI	LLER	it	20. DATE OF DEATH Jahonth Dog	5 Yest 8 2 3 Qu
ifter de les		3 . SE	X	4. RACE	S DAT	OF BIRTH	6. AGE (In years	IF JINDER I YEAR IF LINDER 24 HRS HOUTHS DAYS HOURS MIN
s Poge hours aft		70 E		White Citizen OF WHAT COUNTRY?	8 MARRIED NEV		.921 los pendoy) YRS. M	
			maryland	USA	WIDOWED	DIVORCED	Frederick	Md
cuted within 24 impletely filled ve corbon pope event, within 77		J	Thurmont	11 NAME OF HOSPITAL OR I give street address) Own Hor	mo _z	during mo	L OCCUPATION (Kind of work done st of work ng life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY Dress Fact
completely ove corbon y event, wir	11	i3o. odmi		lived, if institution. Residence before 13b COUNTY Fred. U	Thurmo	13d. INSIDE CITY LIM	□ 24 Lombard	St.
icate be executed within sicion and completely for please remove carbon found in any event, with	1	14 F	Roy Weller	Middle Last	1s. moth	ers maiden name Fir Nann	ie Wachter	Lost
physicion of per please please loval, and it		160. Y	WAS DECEASED EVER IN U.S. ARMED	FORCES? (dates of service) 16b. SOCIAŁ SECURIT 220-16-			e Weller Thur	mont, Md.
requires that the deoth certificate be executed within 24 g physician. I signed by the ottending physicion and completely filled burial-transit permit. Then please remove carbon pape burial, tremation, or removal, and in any event, within 77.	′		DADY I DEATH MAC CAUSED DE	one couse per line for (a), (b), and (y: CAUSE (o) DUE TO, OR AS A CONSEQUENCE C (b) DUE TO, OR AS A CONSEQUENCE C	MATTICE (rewix		APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH OF THE OWSET AND DEATH
		N	PART 2. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	RMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(0)	
The low or ottending the hos been use as the	47	CERTIFICATION		NDITION FOR WHICH OPERATION WAS		. AUTOPSY? YES NO	20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	
	X	Medical (e)	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Doy Yes P.M.	21c. HOW INJU	RY OCCURRED (Enter	noture of injury in Port 1 or Port 2, Ite	rm 1B.)
S PHYSICIAN the hospital this certifico detoched for e Dept of He			21d INJURY OCCURRED 21e. PLA White Not white at work of work	ACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		Street or R.F.D. No.	City or Town	County State
ATTENDING etained by t CTOR: After should be a			22a I certify that (I) (this I saw the deceased allow causes stated above, (I	haspital), attended the decea e an 25568) (we) (did) (did not) view th	used fram6 _19, and that we bady after death.	/ 6 / / , 19 In (my) (aur) apir	ta, ta	
be rete DIRECT DIRECT DIRECT DIRECT DIRECT DIRECT DIRECT DIRECT			22b SIGNATURE	· Cl. Am	DEGREE P	HYS. 🖊 DII	CD CTACC (I	ATE SIGNED 1-26-68
O HOSPITAL Poge 4 moy O FUNERAL Agector, pog				as A. Love			hurmont, Md.	
TO HOSPITAL OR Poge 4 moy be re TO FUNERAL DIRECTOR DIRECTOR DIRECTOR STANDARD STAND	6	I		-27-68 Blue 1	of cemetery or cremated Ridge Con	eterv	23d LOCATION (City or Town) Thurmont Fre	(County) (State)
VR A S) /68 .	24.	FUNERAL DIRECTOR	Raymond	S E. Crea	250 RECD BY	RECETENT 1988 REGETELASES	CHENOGE & C.



36945

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages—And 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the leath certificate be executed within 24 hours,

Page 4 may be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1,00-		EKTIFICATE OF DEATH		0.001,1.1
		st Middle	Last	2g DATE OF DEATH	2b HOUR
	(Type or print)	our Bower	2 Il'EEEEN	7 Month Do	Year 1968 12 A
3	SEX	4 RACE	S DATE OF BIRTH	1 6. AGE (In years	IF UNDER 1 YEAR 1F UNDER 24 HR
	Mate	11-hite	2-19-18	last hirthday)	MONTHS DAYS HOURS MIN
70	BIRTHPLACE (State or foreign			9. COUNTY OF DEATH	
(a	untry)		8. MARRIED NEVER MARRIED DIVORCED DIVORCED		
_	Maryland	11 NAME OF HOSPITAL OR INST		FREderick	100 KIND OF BURNIES DD
	CITY OR TOWN OF DEATH		remakint Hospital	UAL OCCUPAT ON (Kind of work dane mast of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
	n. SUAL RESIDENCE (Where dece mission) STATE	eased lived, it institution: Residence betain	13c. CITY OR TOWN 13d INSIDE CITY	NO 10 East 3 Th	Strant
14	FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME		lad lad
14				****	6035
17	o WAS DECEASED EVER IN U.S. A	IKUN RoberT (1)+ PE	D. 17 INFORMANT	Alretta Stockslag	er
10	Yes, na, ar inknawn) (If yes gir				and
=			Roy L. Weller	, Mointovia, maryi	APPROXIMATE INTERVAL
		anly are cause per line for (a), (b), and (c).)		1: -A	BETWEEN CHISET, AND DEATH
	IMME	ISED BY: DIATE CAUSE (a)	ealing Weller 1.	RUEURE	36 tion
	* +	DUE TO, OR AS A CONSEQUENCE OF	1 - 1	1 1	1.
	Canditions, if any, which gav	(b) (rto)	Visclerates &	eart ollaruse	1842
	rise to immediate cause (a stating the underlying caus				1
	last.	-) (c)			<i>V</i>
	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED/JO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(a)	
,	4-	(1811ti	Marrial de	17	
CEDT SYCATION	190. DATE OF OPERATION 19	Pb. CONDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY?	20b, IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
100			YES 🗍 NO [CAUSES OF DEATH?	
CEBT	21a ACCIDENT WAS UNDERL			— ter nature of injury in Part 1 or Part 2,	Item 18.)
CAL	OR CONTRIBUTING CAUSE OF C	EATH HOUR A.M. Manth Day Year	,,,,	, , , , , , , , , , , , , , , , , , , ,	,
MEDICAL	(If either, natify medical exa 21d. INJURY OCCURRED 2	miner) P.M. 19 18. PLACE OF INJURY (AT HOME FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY.) 21F IOCATION Street or R.F.D. I	la City or Town	County State
	sering light stilling	OFFICE BUILDING, ETC	The countries sheet at Kits	City of tolers	adding state
	of work of work	this hasnitall attended the decases	d fram	605 to 1/3/1 10	0 6 5/ that //) /wal
	saw the deceased	this haspital) attended the deceased alive an 1921 19 ove, (I) (we) (did) (did not) view the b	6'S and that in (my) (our) o	pinion death occurred on the d	ote and hour and from
	causes stated abo	ove, (I) (we) (did) (did not) view the b	ody ofter death.	printed acom accomed an ina a	did ond noor and non
	22b, SIGNATURE	1		220	. DATE SIGNED /
	Kinned	1. 1/12 2100	DEGREE PHYS.	MED. STAFF PHYS.	1/31/68
	22d PHYSICIAN'S	· · · · · · · · · · · · · · · · · · ·	22e. ADDRESS		7 7 9 8
	NAME (Type) Jar	nes B. Thomas, M.D.	228 N. Ma	rket Street, Frede	rerick, Md.
23			EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
				Frederick Mor	
24	FUNERAL DIRECTOR	Epb. 3, 1968 Mount O	Freeley 25a. REC'D	BY REGISTRAR 2Sb. REG STRAR	S SIGNATURE:
	M. R. Etchi	ison & Son. Frederic	k M my land ave E	D 0 1020 PC4	ares July

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					CEKIIF	ICAIE UT I	DEALL						
	ECEASED NAME	Firs	1	M ddle		Last		2a. DATE OF				2b. HO	UR
	Type or print)	Georg	•	Washingto	on	Whims			Month	15 ^{Day}	1968	3 10	m _M
3. 9	EX		4. RACE			S DATE OF BIR	RTH		6 AGE (In)	years	F JNDER 1 YEAR	IF UNDER 24	HRS.
	mal	е	nes	ro		2-2-1	869		last birthd	YRS.	MONTHS GAY	rs Hours	MIN
	BIRTHPLACE (SI		7b CITIZEN OF	WHAT COUNTRY?	B. MARRIE	D NEVER MARK		9. COUNTY OF					
cou	intry) Marv	land	U.S.A		WIDOWE		CED 🗍	Fred	erick				Md.
10.	CITY OR TOWN		11	NAME OF HOSPITAL OR IN	STITUTION (i	f not in hospital		AL OCCUPATION	(Kind of wo	rk dane		OF BUSINESS O	R
٠ ٦	reder	ick	giv	re street address) O John Ha	ngor	Ant		ost of working	life, even if I	retired.)	Tens		
130	LSUAL RESIDE	NCE (Where deced	ased lived, if insti	tution. Res dence before	13c. C TY	OR TOWN 1	3d. HSIDE CITY L		REET AND NU	MBER	J CITE	1114	
adr	nission) STATE	Md	13b. COUNTY	Frederic	k Fr	ederick	YES N	0□ 60	John	Har	son /	Apt	
14.	FATHER'S NAME		M.ddle	Lost		IS. MOTHER'S MA	IDEN NAME			Maddle		Last	
		James	NMN	Whims		F	ranc	es	Mar	la	Jon	les	
16		DEVER IN U.S. AF	RMED FORCES?	16b SOCIAL SECURITY	NO. 17	7. INFORMANT			A	ddress F	red.M		
	Yes, no, or unkn N O	JWn) (I'' yes give	war or dates of service)	217-48-8	3131	Lenora	M.Wh	ims (anson	Ant	
	18. CAUSE O	F DEATH (Enter o	only one cause per	line for (a), (b), and (c)		1/ /		1/1			APPRO	OXIMATE INTERVAL N ONSET AND DEA	Th:
	PART I.	DEATH WAS CAUS	ED BY HATE CAUSE (a)	Aleger	Time	Heart	Va	ilil					
	4129	7		R AS A TONSTQUENCE OF	Λ	3) 4.		a/l	7			
		any, which gave) (4)	(Litery)	cile	who C	lucker	badula	u N	War	2		
		diate couse (a), Inderlying couse		R AS A CONSEQUENCE OF									
	lost	1 3	(c)_										
	PART 2. OTH	ER SIGNIFICANT CO	ONDITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED	TO THE TERMINAL	DISEASE OR	CONDITION GIVE	N IN PART 1(c	o)			
2	120	1											
CENTIFICATION	190. DATE OF (PERATION 191	b. CONDITION FOR Y	WHICH OPERATION WAS PE	ERFORMED	20o. AUTOP	200. AUTOPSY? 20b. IF YES, WERE FINDINGS CO					CERTIFYING	
18						YES	NO [J					
		T WAS UNDERLY TING [] CAUSE OF DE	W 1 to 1111110	OF INJURY A. Month Day Year		HOW INJURY OCCU	JRRED (Ente	r nature of inju	ry in Part 1 a	or Port 2, It	em 18.)		
MEDICAL	(If either, nat	rify medical exam	niner) P.I	ń. ' 1	9								
٤	21d, INJURY	OCCURRED 21	e. PLACE OF INJUR	Y (AT HOME, FARM, STREET, FA	CTORY.) 21f.	LOCATION Street	or R F.D No	. City	or Town		County	Sto	te
	While No	t work											
	22a I ceri	ify that (I) (t	his-hospital) a	ttended the deceas	ed from_	1-15-	, 19 <u>.6</u>	58_, to	L-15-	, 19_	68_, the	at (I) (we)	-last
	cause	is stated above	ve. (I) (we) (di	d) (did not) view the	bady offe	er death.	/) (doi) up	mion death	occonten ai	ii ine aai	e onu nou	ir dilu li bil	i ine
	226. NGNATUI	RED A	W.	1)0	-						ATE SIGNED	/	
	1/8	beil	A) W21	1100 1	N/ DE	GREE PHYS		MED DIRECTOR	STAFF PHYS.		-17-6	8	
	22d. PHYSICIA					22e. ADDR							
	NAME (T	ype) Robe	rt J.	Thomas, 1	1.D.	812	Tol	l Hous	e Ave	e., 1		rick	
230	BURIAL, CREM	ATION, 23b	. DATE	23c NAME OF	CEMETERY (OR CREMATORY		23d. LOCATI	ON (City or To	wn)	(County)	Y Y (Stuff)	Id-
	REMOVAL (Spe	Ruly)	-20-196		Bet	hel			itsvi	lle	Fred.	Co	
24	FUNERAL DIREC	CTOR		ADDRESS			250 REC'D	A REGISTRAP	10 CP RE	GISTPARA	SGNATURE	Judge	
	C.E.	Hicks,	111 F	rederick	, Md		DATE J	HIVAGA	1200	1		10	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO INVERAL DIFFELTOR: After this certificate has been signed by the attending plysician and campleted filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers: Pages 1 and 2 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, with the 2t haurs after death. death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay/s Page 4 may be retained by the haspital ar attending physician.

	06947	DIAIZION OF		OL W. PRESION SIREEL, BALLIF	MURE, MARTLAND 21201	00946				
	00246		CE	RTIFICATE OF DEATH		00346				
	CEASED-NAME First		Middle	Lost	2a. DATE OF DEATH	2b HOUR				
(1	ype or print)	rry	Roth	Mhipp	1 Month 17 Doy	68 1001 5.45 M				
3. SE	χ	4. RAGE		S. DATE OF BIRTH	6. AGE (in years	FUNDER 1 YEAR IF UNDER 24 HRS.				
	male	wh	rite	September 3.	1900 of high thinday) YRS.	MONTHS GAYS HOURS M.N.				
7o. E	IRTHPLACE (State or fareign	7b. CITIZEN OF WHA	AT COUNTRY? 8.	MARRIED NEVER MARRIED 9	COUNTY OF DEATH					
£00i	Martland	4.5.	A.	WIDOWED DIVORCED	Frederick	Md				
10 0	ITY OR TOWN OF DEATH		ME OF HOSPITAL OR INSTIT		OCCUPATION (Kind of work done	126. KIND OF BUSINESS OR				
l ‡	rederick	give st	reet oddress)	novial Hospital during mos	t of warking life, even if retired.) Carpenter	None				
130	USUAL RESIDENCE (Where deceo	sed lived, if institution	on. Residence before 13							
admi	ssion) STATE Marylan	Id 136 COUNTY	Frederick	Route # 4 YES NO	Route # 4					
14, 1	ATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME FIR	st Middle	Lost				
	Dunie	M.	Whin	n Mary J	ane ML	lers				
160.	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO		Address					
L	es, no, or unknown) (If yes give:	war or dates of service)	214-10-2634	4 Mrs. Naomi M. W	hipp Route # 4 Fr	rederick, Md.				
	IB. CAUSE OF DEATH (Enter or	nsy one couse per lin	e far (a), (b), and (c) }	. M /	1. h.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSE	D BY	ACUTE	Myelogenou	5 Llukorni.	2				
	7150 IMMEUI	ATE CAUSE (o)	S A CONSEQUENCE OF							
	Conditions, if ony, which gave)	Chr-	· 1/2/2021	Trost Interlin	2242				
	rise to immediate cause (o),		S A CONSEQUENCE OF	0		V				
	stating the underlying cause	22"								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)									
z	Mol	nulu	Charles C	4 Gabrier	and the same of th					
ATIO	19a. DATE OF OPERATION 19b.	NSIDERED IN CERTIFYING								
CERTIFICATION				YES NO 🛣	CAUSES OF DEATH?					
	21a. ACCIDENT WAS UNDERLYI			21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Part 2, It	em 18.)				
MEDICAL	OR CONTRIBUTING CAUSE OF DEA		Month Day Yeor							
ME	21d INJURY OCCURRED 21e	PLACE OF INTERY A	AT HOME FARM, STREET FACTOR	Y.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State				
	While Not while at work of work	,	OFFICE BUILDING, ETC		. /					
	22a certify that (I) (th	nis haspital) atte	nded the deceased	tram / / /4 . 196	3 to //// 190	T, that (1) (we) last				
	saw the deceased give an									
	causes stated above, (I) (we) (did) (did nat) view the bady after death.									
	22b. SIGNATURE	1970	mul	ATTENDING ME	D. STAFF	ATE SIGNED				
	and purplement	1 001		DEGREE PHYS. DIF	ECTOR LJ PHYS. LJ /	1/1/67				
	22d. PHYSICIAN'S NAME (Type)	BERT	D ('Ro	USH ME. ADDRESS ZO	7211 House	Are Trecent				
00			82. NAME OF CER	NETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)				
	PEMOVAL (Speciful)	DATE		d Cemetery		(County) (State) ty, Maryland				
24	TUNERAL DISECTOR	19-1968	ADDRESS	250 RECT BY						
G	obert E. Daily	W & SON		k. Maryland DATE AA						
4.3	ONOTH HE MOTIF	A COUNT	I I UGUL I U	THE COURT A CONTROL DAIL THE	V C + IUUU //	44 07				

Frederick, Maryland DATE JAN 24

Dailey &



uneral 1 and 2 ter death.

filled (n by

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers ages should be filed with the State Dept. af Health prior ta burial, crematian, or removal, and in any event, within 72 hours after the should be filed with the State Dept.

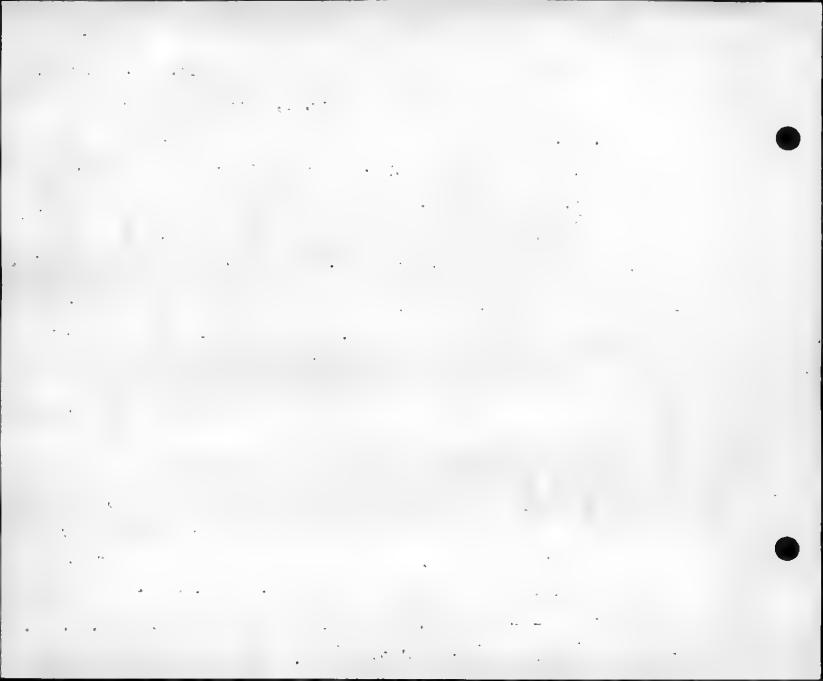
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital or attending physician.

24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	.,			C	ERIIFI	LAIE OF DEATH			U	0.747	
	ECEASED NAME Type or print)	First HELEN	K. WE	Middle HITMORE		Lost	20. D/	Jar Month	129	70968	26 HOUR 5-15 P
3. SE	x Female		4. RACE White	9		S DATE OF BIRTH Aug. 1,	1888	6. AGE (In year last byrthday)			F UNDER 24 HRS. HOURS MIN.
coun	BIRTHPLACE (Stote ntry) Fred	. Co.	USA	OUNTRY?	WIDOWED			ry of DEATH Frederick			
	Freder:	ick	dive street		Memo:	rial Hospra	my d'u	ATION (Kind of work of the state of the stat	done l	I26 KIND OF BI	Home Home
	USUAL RESIDENCE Issian) STATE	(Where deceased Md.	lived, if institution: I 13b. COUNTY	Residence befare	Wal		NO [I3e. STREET AND NUMBI	ER .		
			Middle Kanode	Last			First riet		ne n		lost
16a. Y	WAS DECEASED ET	/ER IN U.S. ARMEI	and the second second	SOCIAL SECURITY NO 3-10-34		informant rs. Ezra G	rant	ham Wal		ville	
		TH WAS CAUSED I IMMEDIATE Y, which gove Its cause (o),(CAUSE (o)	consequence of		and o vom	lon A	"usione		APPROXIMA BETWEEN ONS	
CERTIFICATION	PART 2. OTHER 5		ITIONS CONTRIBUTING			O THE TERMINAL DISEASE O		N GIVEN IN PART 1(a) 20b. If Yes, were find Causes of Death?	ings consi	IDERED IN CER	TIFYING
MEDICAL CER	OR CONTRIBUTING	VAS UNDERLYING CAUSE OF CEATH medical examine	HOUR A.M. M	onth Doy Year		OCATION Street of R.F.D.		af injury in Port 1 or Po		aunty	Stote
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, SIREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While of work of work 1 (I) (this hospital) attended the deceased from 1965, and that in (my) (our) apinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death 1 (my) (our) apinion death occurred and the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death 1 (my) (our) (did not) view the bady after death 1 (my) (our) (did not) view the bady after death 1 (my) (our) (did not) view the bady after death 1 (my) (our) (did not) view the bady after death 1 (my) (our) (did not) view the bady after death 1 (my) (our) (did not) view the bady after death 1 (my) (did not) (did not) view the bady after death 1 (my) (did not) (did not) (did not) (did not) (did not) (did not) (did										
	226. SIGNATURE L. C. Cettor Degree Phys. Director Director Phys. C 22d. Physician's 22d. ADDRESS									SIGNED	- Argai
52.	NAME (Type	E.A.	. Dettba	23c. NAME OF C	EMETEDY A	Walk		ille, Md		County	/State)
	BURIAL, CREMATI	1 2-	-1-68	Mt. V		Cemetery	Em	mitsburg	Fre	County)	(Stote) Md.
Ta Ca	FUNERAL DIRECTO	ME	Rayr	nond En	Crea	ager r	BY REGIST			MATURE You	iga.



M) 00949

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00948

		-	FIX I II I CY	ALL OL D	EMILI						
1. DECEASED-NAME	First	Middle		Last		2a. DATE OF			2b. H	OUB	
(Type or print)	Ethel Virg	dnie Ambi	ngh V	lolfe			Month D	2 1968	7:3	30M	
3. SEX	4 RACE		5	. DATE OF BIRT	Н		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER	24 HRS.	
Female	N	egro		12-18	-1886	3	last birthday) 81 Yr	MONTHS GAYS	HOURS	Man.	
To. BIRTHPLACE (State or for			B. MADDIEN E	NEVER MARRI		9. COUNTY OF		*	-		
country)			WIDOWED D		ED .					aa t	
O. CITY OR TOWN OF DEATH	U.S.A.	NAME OF HOSPITAL OR INST					erick Kind of wark dane	125. KIND 0	BUEINFEC	Md.	
	nive	street oddress)			during mo	st of working l	ife, even if retired.	INDUSTRY	BOSINESS I	UK	
Lewistown	R	tl Thurmo	nt P.	O.Md	L	omest1	C	Hou	seho	ld	
I3o. USUAL RESIDENCE (When admission) STATE Md					S, INSIDE CITY LIA		EET AND NUMBER				
Md	100. COOM	Frederick	Lewi	stown'	DIX NO	Rt	Thurmo	ont.P.C	.Ma		
14. FATHER'S NAME Firs	it Middle	lost	15.	MOTHER'S MAIL	EN NAME FI	rst	Middle		Last		
Robe	rt NMN	Ambush	- 0		Ros	etta	NMN	Russe	11		
160. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO	0. 17. INI	ORMANT			Address				
	(II yes give war or dates of service)	220-34-0	300 M	urhle	Holl	idev F	Rt 1 Th	rmontF	.0.	Ma	
			/	1				APPROX	IMATE INTERVI ONSET AND DE	AL	
PART I. DEATH WA	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:								SALL AND OF	AIR	
ILIAA	IMMEDIATE CAUSE (a)										
Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)									101	1-	
rise to immediate couse (a), (for	0.	
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
_	lost. (c)										
PART 2. OTHER SIGNIFI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
× 4201	Hopper	ansun									
190. DATE OF OPERATION 210. ACCIDENT WAS U	a. Date of operation 196. Condition for which operation was per						20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
E	W.		YES 🗌								
	A I WI TITING W		21c. HOV	V INJURY OCCUP	RED (Enter	noture of injury	in Port 1 or Port 2	?, Item 18.)			
OR CONTRIBUTING CA											
T Z I G. JINJUK I UCCURKEL	21a. PLACE OF INJURY	AT HOME, FARM, STREET, FACTO	ORY,] 21f. LOC	ATION Street	or R.F.D. No.	City o	or Town	County	St	ate	
While Not while at work	ו	OFFICE BLHLDING, ETC.	1								
22n I certify that	(I) (this hasnital) at	tended the decenses	d from		. 19.5	5 . to	- 1	9 68 the	(I) face) lost	
saw the dece	22a. I certify that (I) (this haspital) attended the deceased from 19.55, to 1- 19.68, that (I) (we) lost saw the deceased alive an 1-28 and that in (my) opinion death occurred on the date and haur and fram the										
couses stoted	couses stated above, (I) (***) (did not) view the body after death.										
225. SIGNATURE	70.	9		ATTENDING	19	fD _	STAFF 22	c. DATE SIGNED	11		
1).1.	Tunk	-	DEGRE	PHYS.		RECTOR -	PHYS.	1.23 K	168		
22d. PHYSICIAN'S		/1		22e. ADDRE			V	1 -11			
NAME (Type) B	.O. Thomas	i i i		Prof:	f. Bl	dg F	rederic	k. Md			
23a. BURIAL, CREMATION,	23b. DATE	23c. NAME OF C	EMETERY OR C	REMATORY		23d. LOCATION	N (City or Town)	(County)	(Stote)		
Burial (Specify)	1-25-68	Fair	wiew			Fra	derick	Track	MA		
24. FUNERAL DIRECTOR	12 00 00	ADDRESS	A T C 44	2	So. REC'D B'	Y REGISTRAR	25b. REGISTRA	D'C CLEMATITÉ	MICI		
C.E. Hicks	777 F22	ederick.Me	4		DATEJAN	24 19	68 Jun	wees you	1		
U.D. BLCKS	a dealer F L	COCT TOR OTHER	U		MIL		21	11	107		

to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages hand should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. VR A15 (4) 30M REV. 1/68

Fig. 1. Sec. 1	", remma ;			1469	
Section 1.	0 15 5005 SS	ſ	nto' descue alcier	Levisia D	
		1 4.1.4	2000	3.	[· · · · ·
If and the martine of the state				• •	5.0
	Modernor.	5	Maria that that Int.	COVE 1	(it voil
	. 24.0 L. Hope	ed red a	oralwal Wolasias	51	
	[famosi	### bo	ned ta	to the	
		C. F. St. Carter St.	1	January.	c
					13
			\$ f		
			m	\$11 . J. (L.	
	mar house				

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	6950			CERTIFICA	ATE OF	DEATH			009	49	
1. DECEASED-	(tnine	st	Middle	Vina	last		2a. DATE OF	Month 15	loy 68 Year	26. HOUR 2-30 M	
3. SEX Mal		ussell Holm 4. RACE White	es ramar	Ying	DATE OF BIL	25-190	Jan.	6. AGE (In years lost birthday) 58 YR:	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS.	
7a. BIRTHPLA country)	ACE (State or fareign	76. CITIZEN OF WHAT	COUNTRY?	8. MARRIED X	_	RIED 9	. county of			M	
	town of DEATH	nive stre	E OF HOSPITAL OR IN: eet oddress) ederick 1	,		during mas		(Kind of work dand life, even if retired,		BUSINESS OR trick	
13a. USUAL F admission)		eased lived, if institution 13b. COUNTY	: Residence before rederick			YES NO	13e. STI Rou	reet and number ate 5-Fre	derick		
14. FATHER'S		H. Yinger	lost		Flore	iden name fire		Middle		Lost	
	ECEASED EVER IN U.S. A Ir unknawn) (If yes or SB WW	ve war or dates of service)	66. SOCIAL SECURITY 17-10-07.		formant s • Est	elle M	• Yinge	Address er-Rt.5-F	rederick		
P1	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) approximate interval. PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF O O O O O O O O O O O O O O O O O O										
rise to	canditions, if only, which gove rise to immediate cause (0), stating the underlying cause lost. (b) Muyo Carkeal Furfaction Recent of Real 8 tho, Due To, OR AS A CONSEQUENCE OF CONSEQUE										
16/4	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
190. DA	TE OF OPERATION	9b. Condition for Which	OPERATION WAS PE	RFORMED	20a. AUTO			YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING	
S □ OR CO	CCIDENT WAS UNDERL ONTRIBUTING [] CAUSE OF I er, natify medical exa	DEATH HOUR A.M.	Month Doy Year	9			noture of inju	ry in Port 1 ar Part	2, Item IB.)		
ZIG. II	Nat while	1e. PLACE OF INJURY (A	T HOME, FARM, STREET, FA FFICE BUILDING, ETC.	(TORY.) 21f. LOC	ATION Stree	t ar R.F.D. Na.	City	ar Tawn	County	State	
S	22a. I certify that (1) (this haspital) attended the deceased from the saw the deceased alive an 1968, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (1) (we) (did not) view the bady after death.										
	GNATURE	· Corre	Sh	1 DEGRE	1 (110)	DIR Chief	D. RECTOR	STAFF PHYS. 22	DATE SIGNED	1968	
	HYSICIAN'S IAME (Type) A.A	.Pearre-Sr			E • Ch	urch S	tFre	derick,/M	d.21701		
230. BURIAL REMOV	111 44 44 4	b. DATE Jan•18–1968	Mt.Oli	vet bem	netery		Fred	ON (City or Town) lerick, Mc		(Stote)	
24. FUNERAL M.R.	Etchison	& Son T.	Freder	ick, Md	21701	250. REC'D BY	REGISTRAR	2Sb. REGISTRAL	r's signature		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 meaning the filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Be executed within 24 hours after deat Page 4 may be retained by the hospital or attending physician.

VR ATS 30M REV. 68

Serge Se of Land Land Mark to the Serge The state of the s 0.150 Specifical Committee North-add to be a few Latinos and Software the state of mules about 19 memily . I when a elver at most most margale el balosad esse (filmost fils miller) il sont go has they are her than the SCHOOL AND AND AND STREET and the second of the second o in the engineer and the second factor in the second second

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